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**Dubey et al.**

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(54) **PRESCRIPTION DRUG FULFILLMENT SYSTEM AND METHOD**

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(51) **Int. Cl.**  
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**G16H 10/60** (2018.01)  
**G06Q 40/08** (2012.01)  
**G06Q 30/02** (2012.01)  
**G06Q 20/40** (2012.01)  
**G06Q 10/10** (2012.01)  
**G06F 8/60** (2018.01)

(52) **U.S. Cl.**  
CPC ..... **G16H 20/10** (2018.01); **G06Q 10/10** (2013.01); **G06Q 20/40** (2013.01); **G06Q 30/0283** (2013.01); **G06Q 40/08** (2013.01); **G16H 10/60** (2018.01); **G06F 8/60** (2013.01)

(58) **Field of Classification Search**  
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USPC ..... 705/2-4  
See application file for complete search history.

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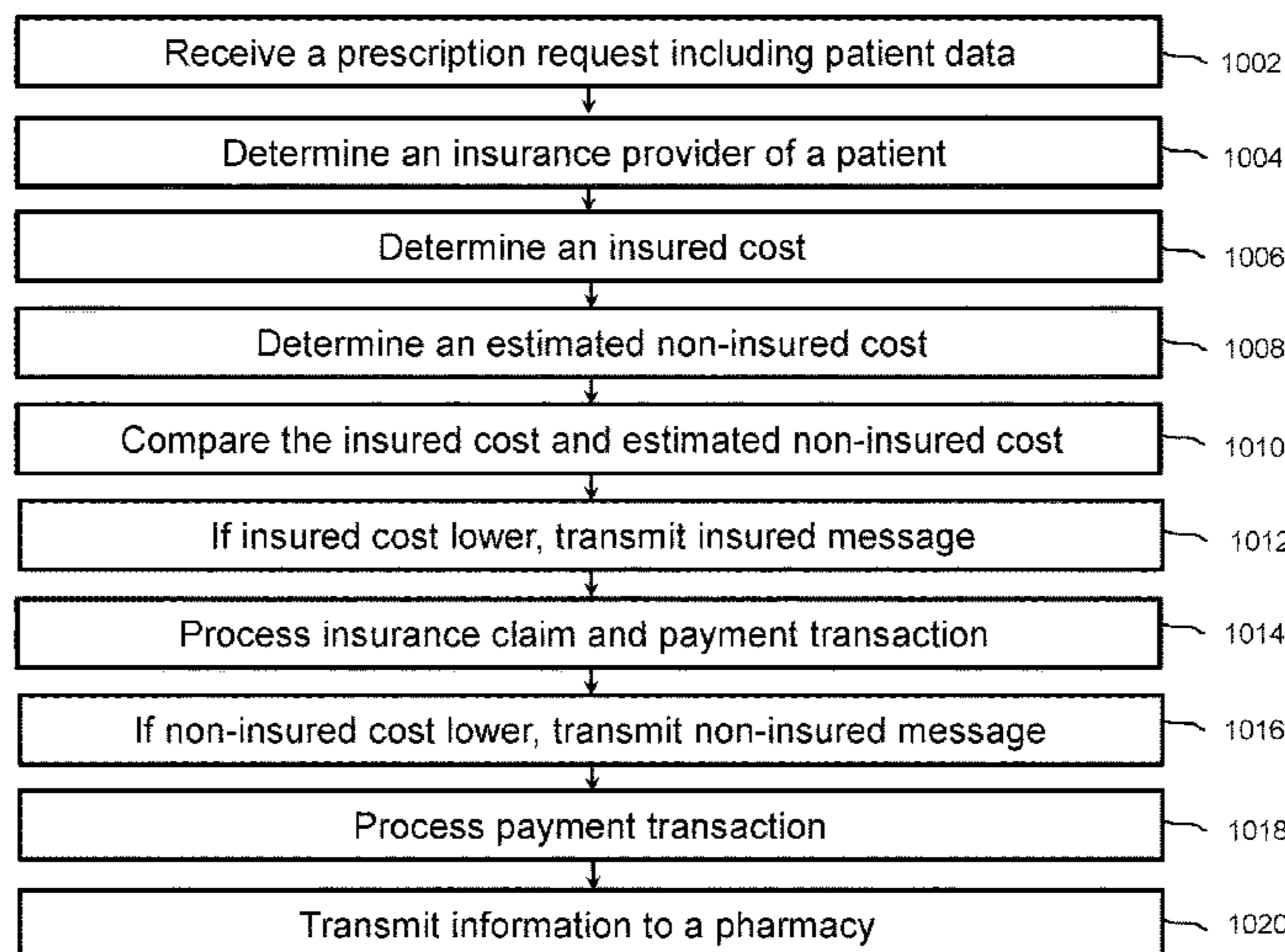
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(57) **ABSTRACT**

A system for fulfilling a prescription is provided. The system may include at least one processor programmed to (i) receive a prescription request including patient data relating to a patient, (ii) determine an insurance provider of the patient based on the received patient data, (iii) determine an insured cost for a prescription for the patient, (iv) determine a non-insured cost for the prescription for the patient, (v) compare the insured cost to the non-insured cost to determine which cost is lower, (vi) depending on which cost is lower, i) send a message to the patient with a corresponding recommendation, and ii) process an insurance claim and/or a payment transaction upon authorization from the patient, and (vii) transmit the prescription to a pharmacy for further processing.

**20 Claims, 22 Drawing Sheets**



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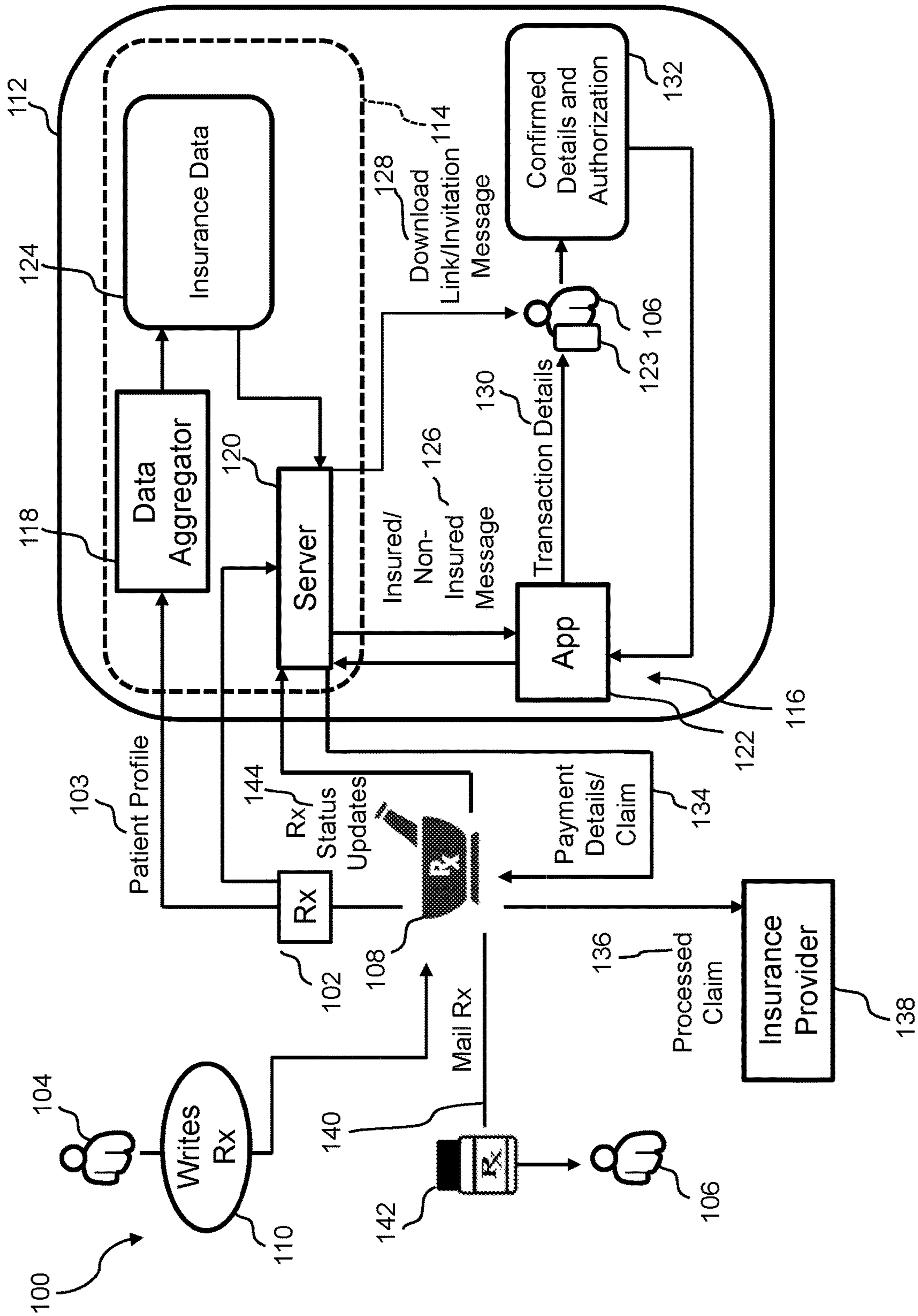


FIG. 1

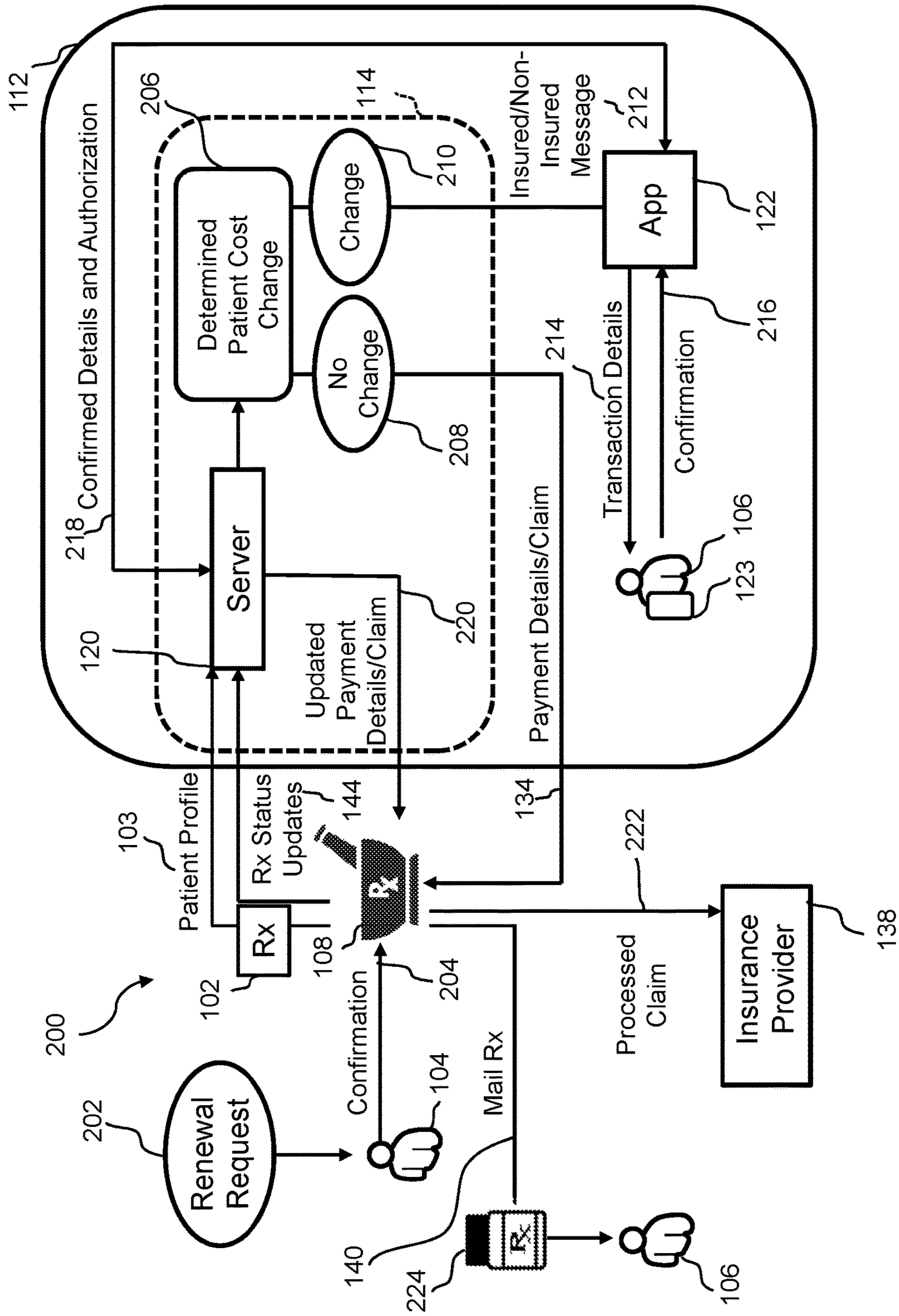


FIG. 2

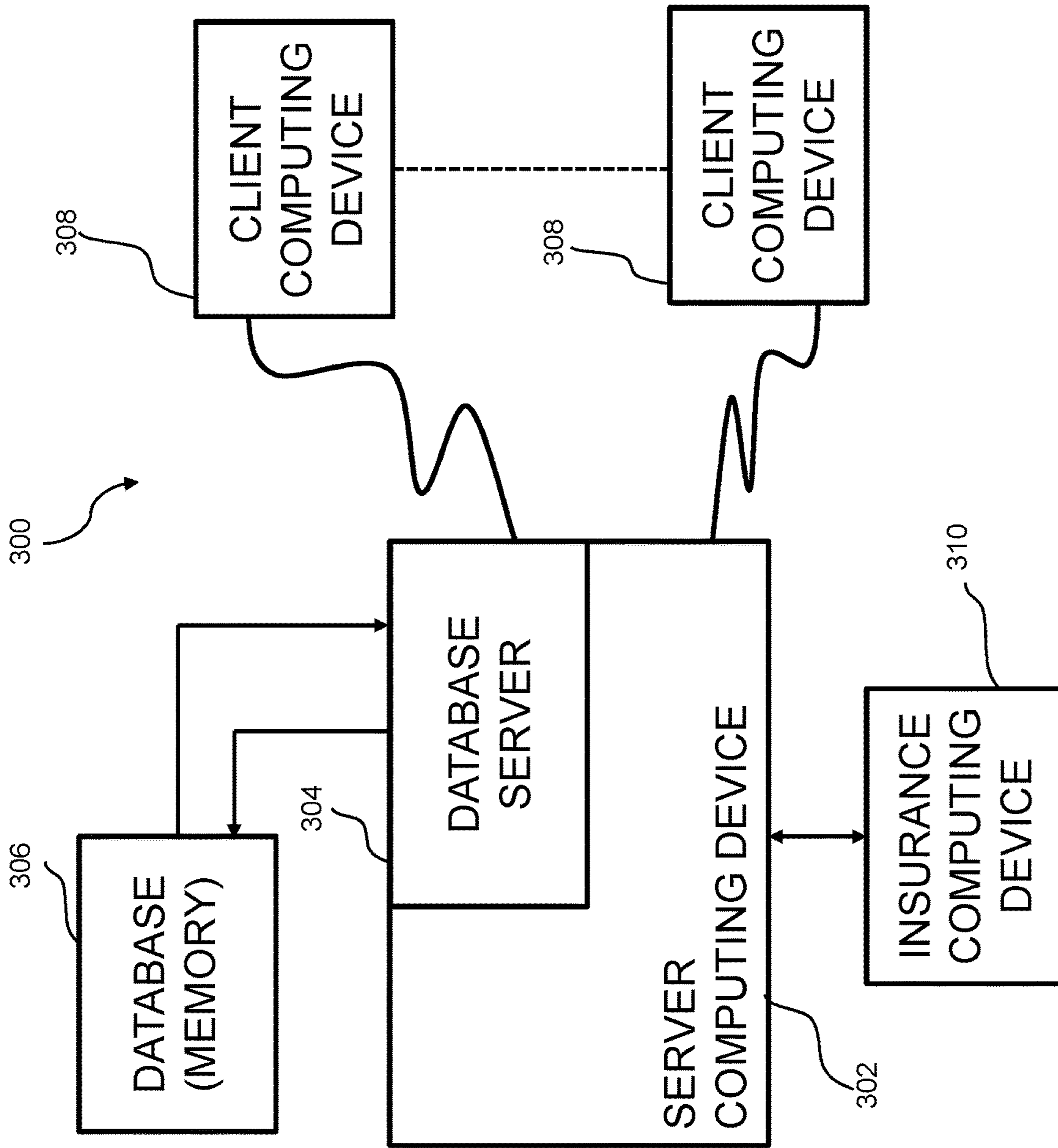


FIG. 3

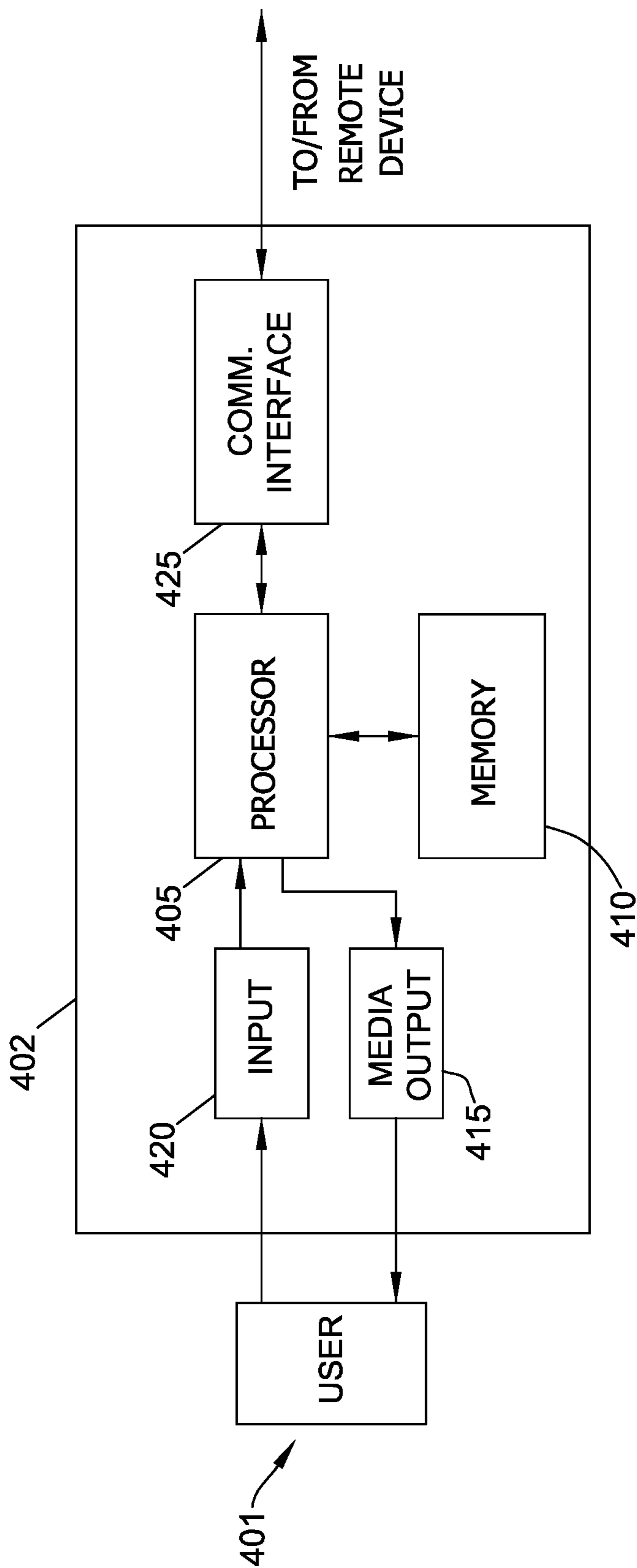


FIG. 4

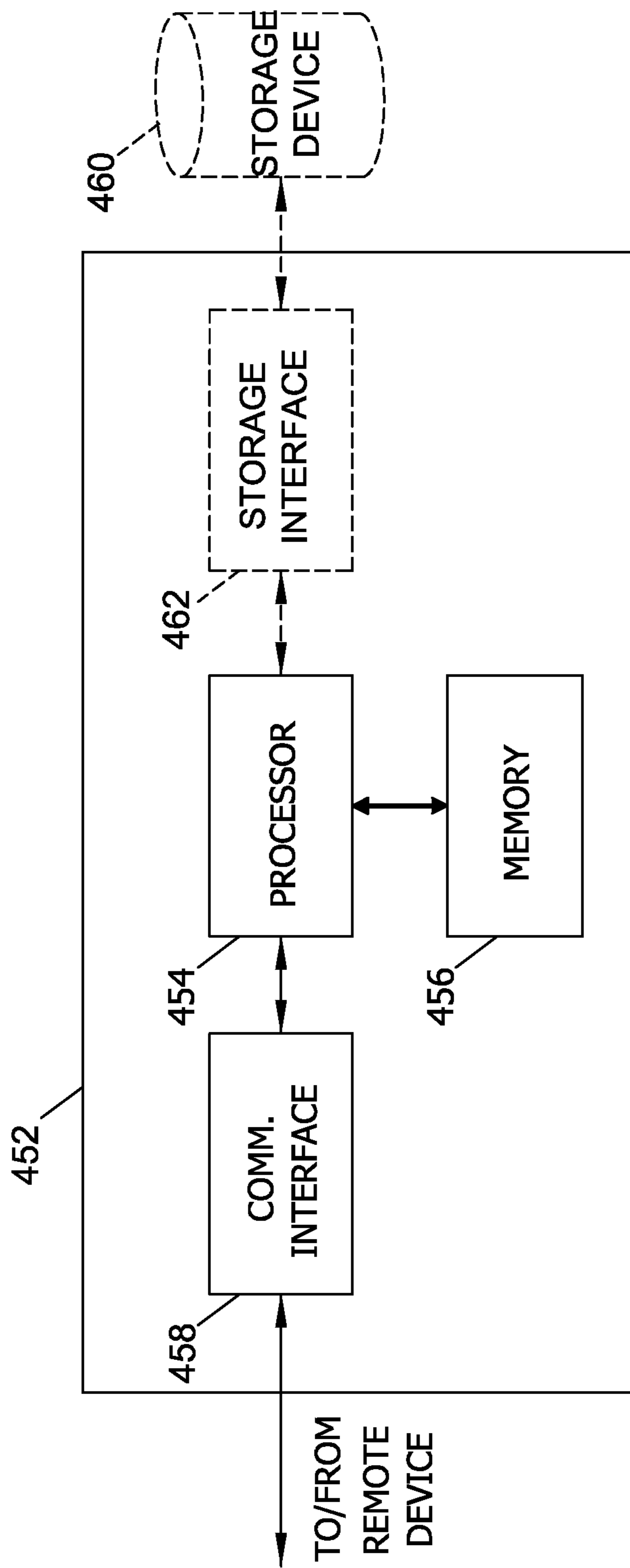


FIG. 5

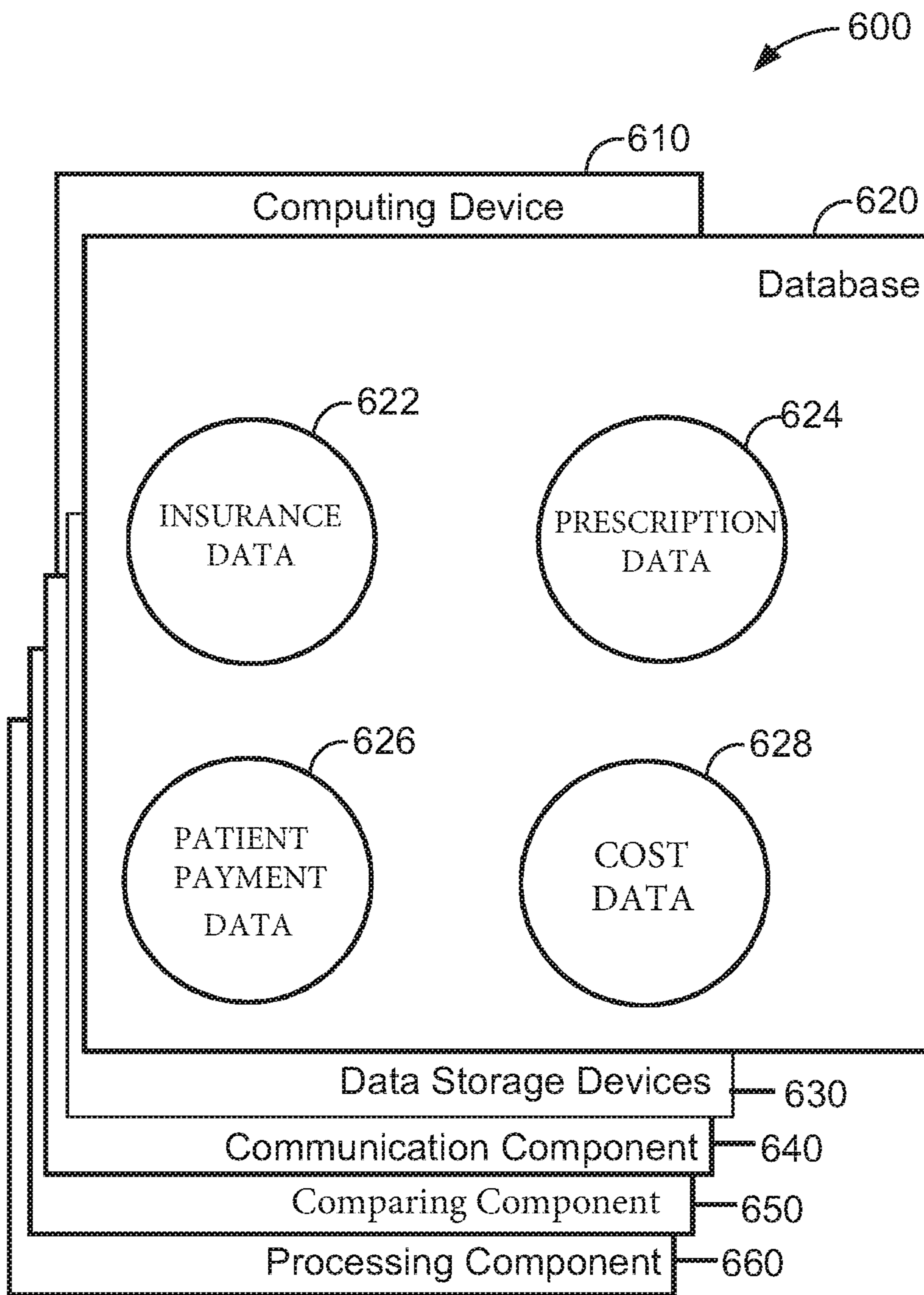


FIG. 6

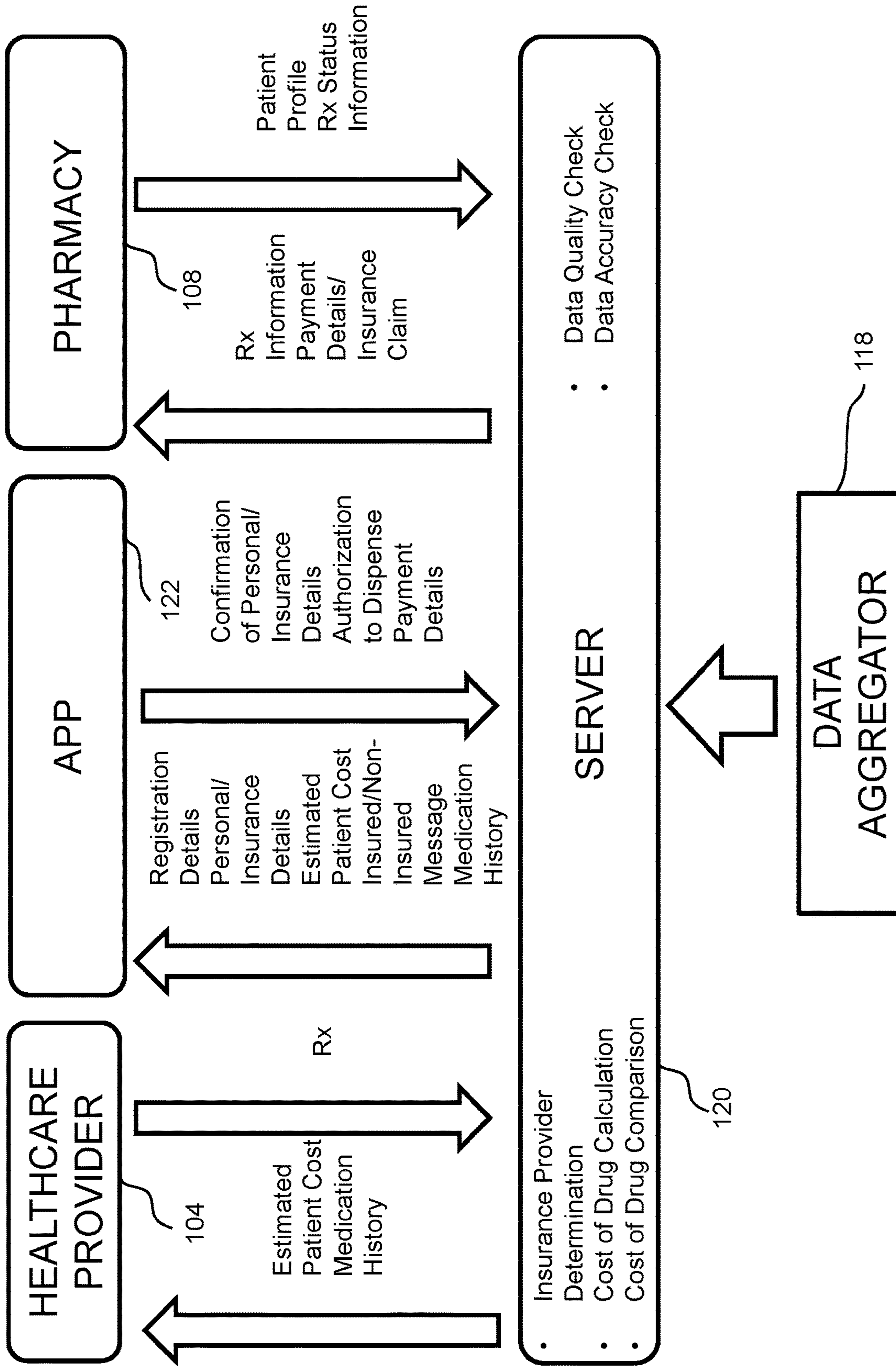


FIG. 7



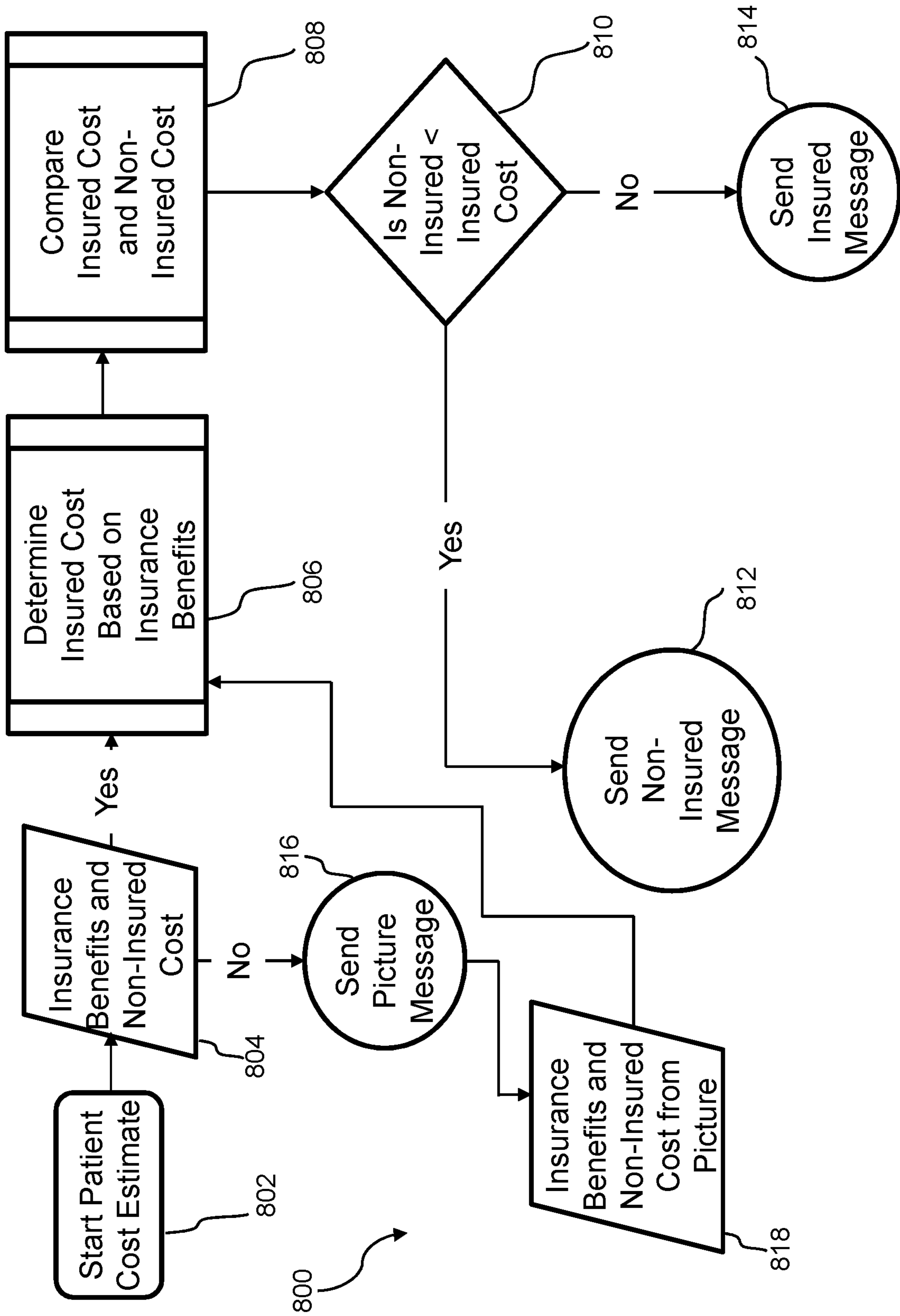


FIG. 8

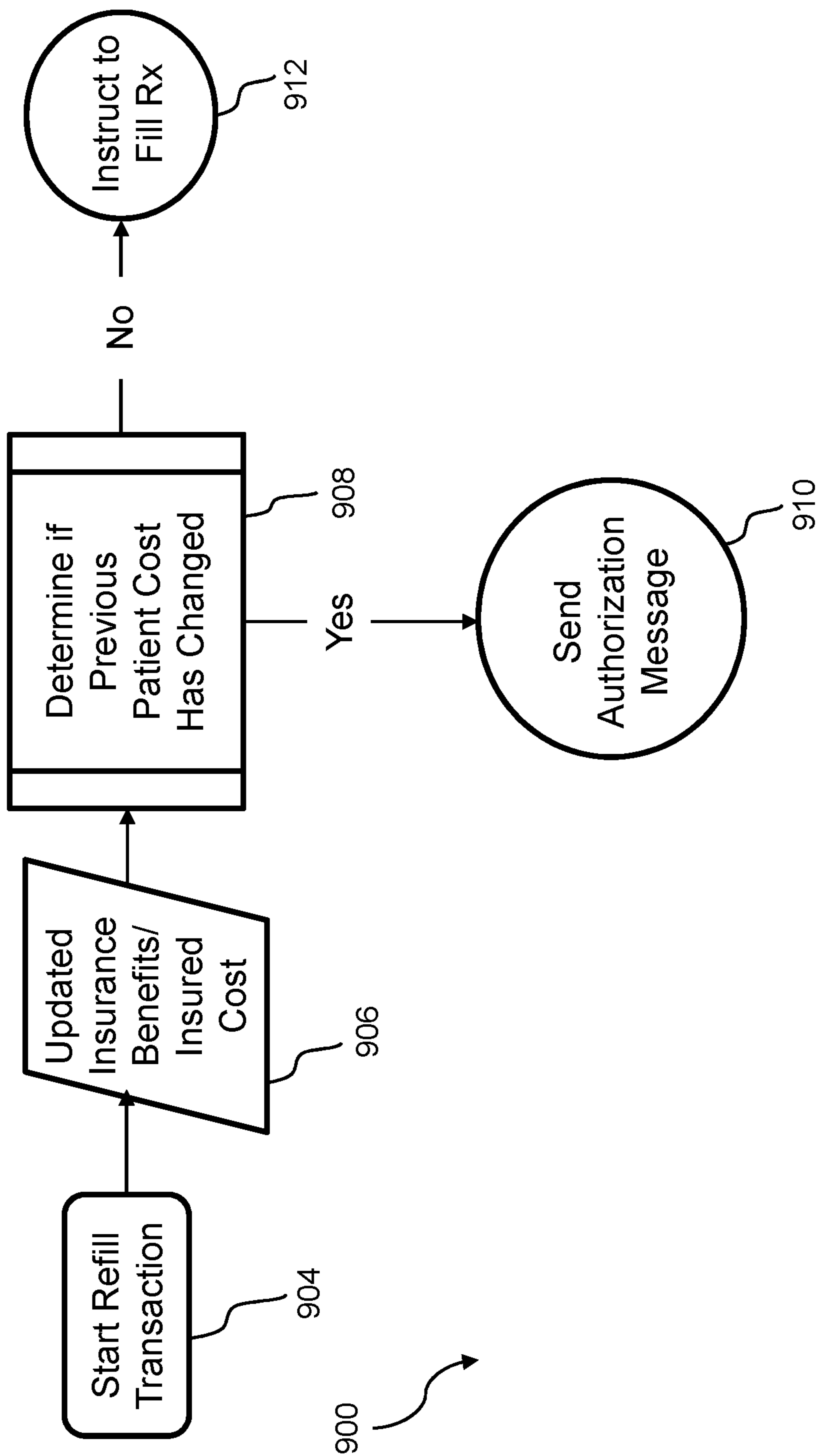
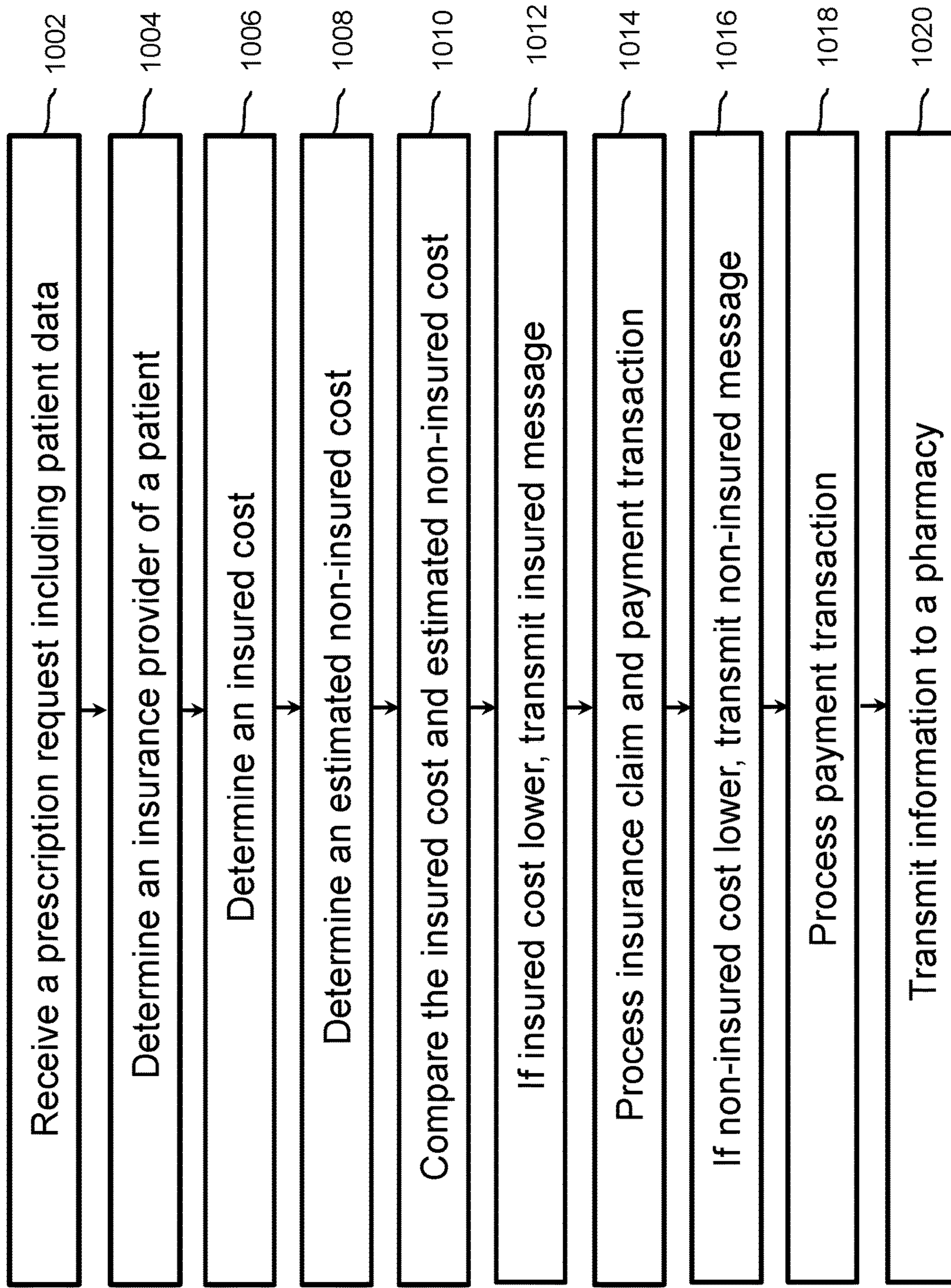


FIG. 9



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FIG. 10

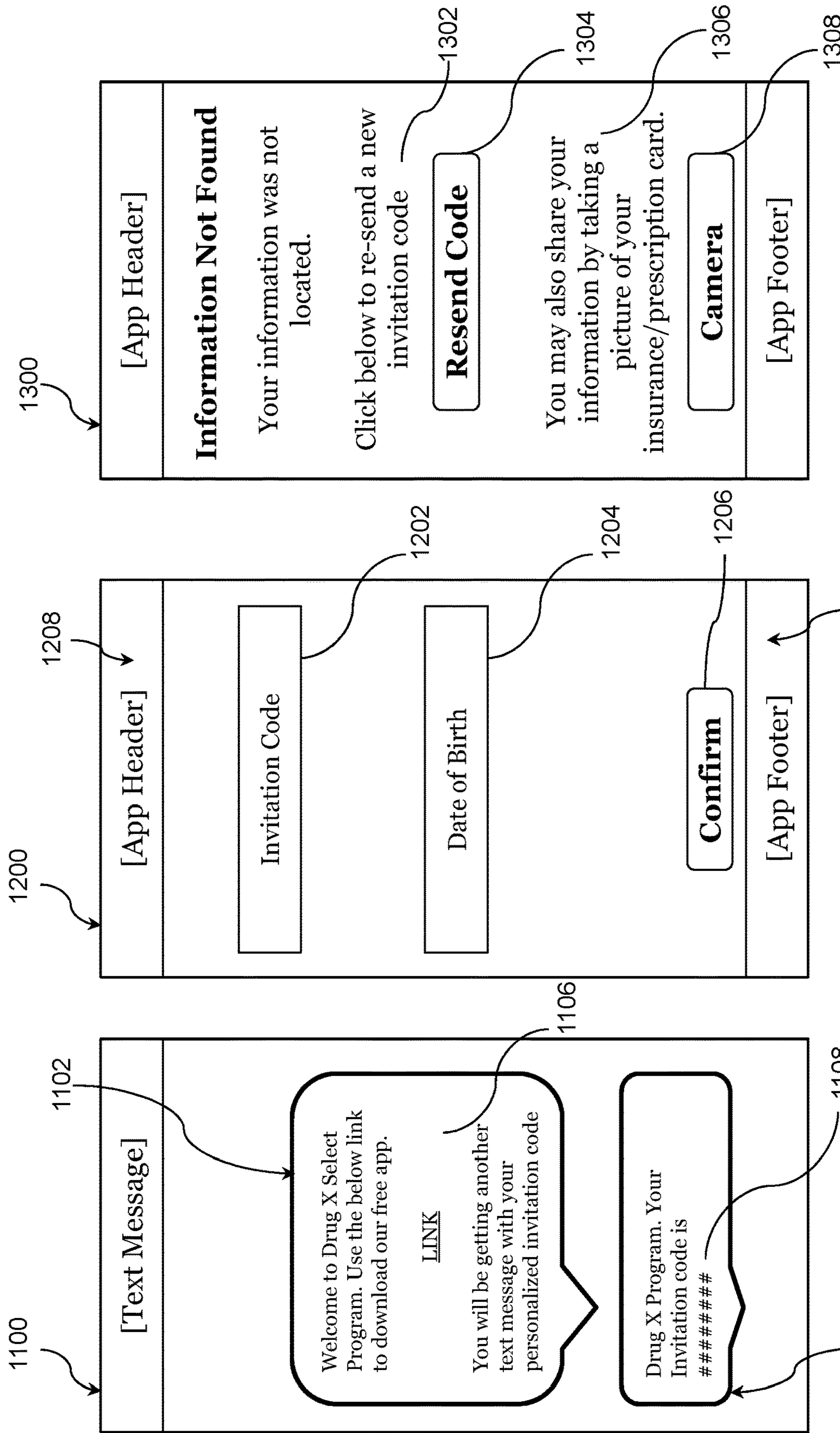


FIG. 11

FIG. 12

FIG. 13

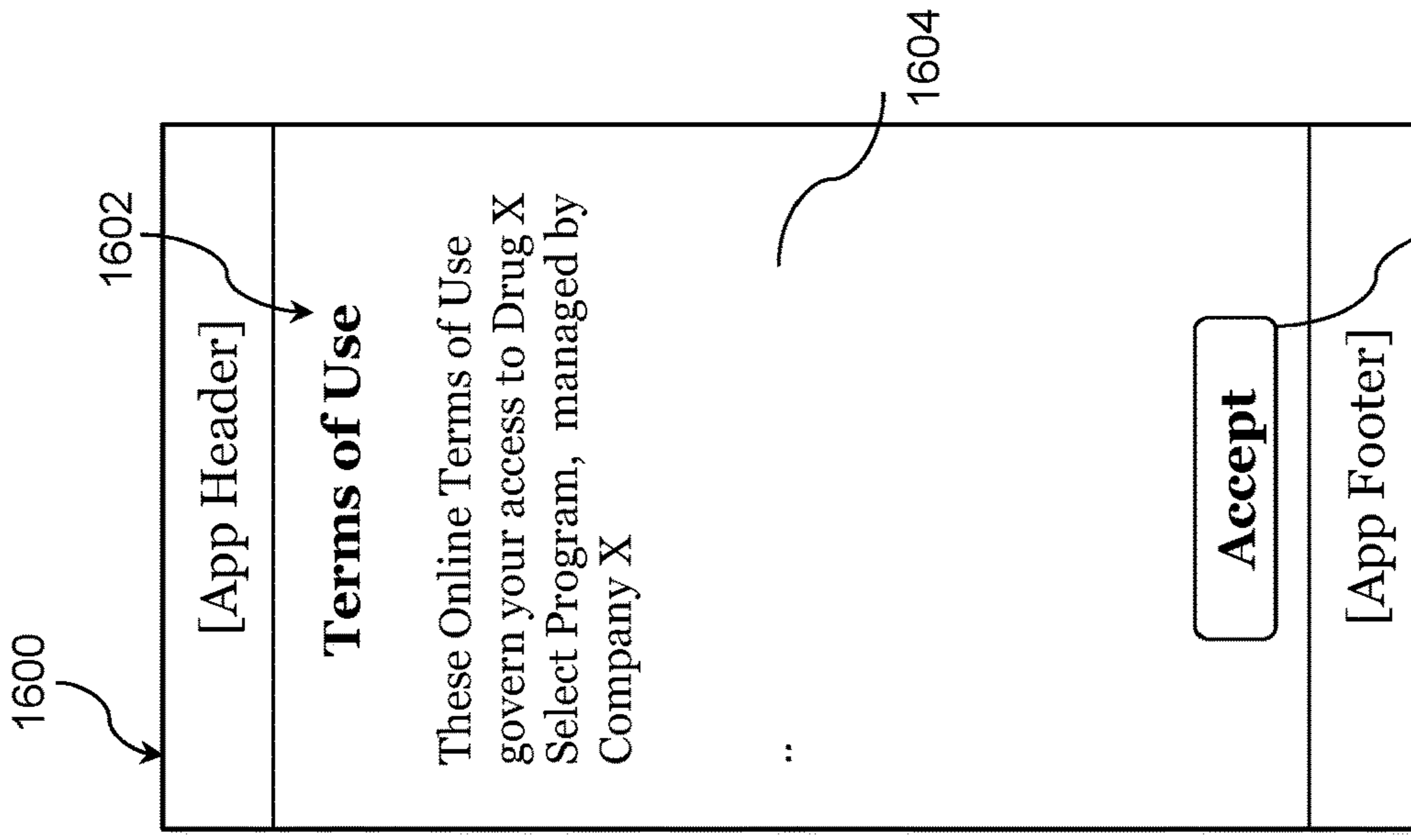


FIG. 14

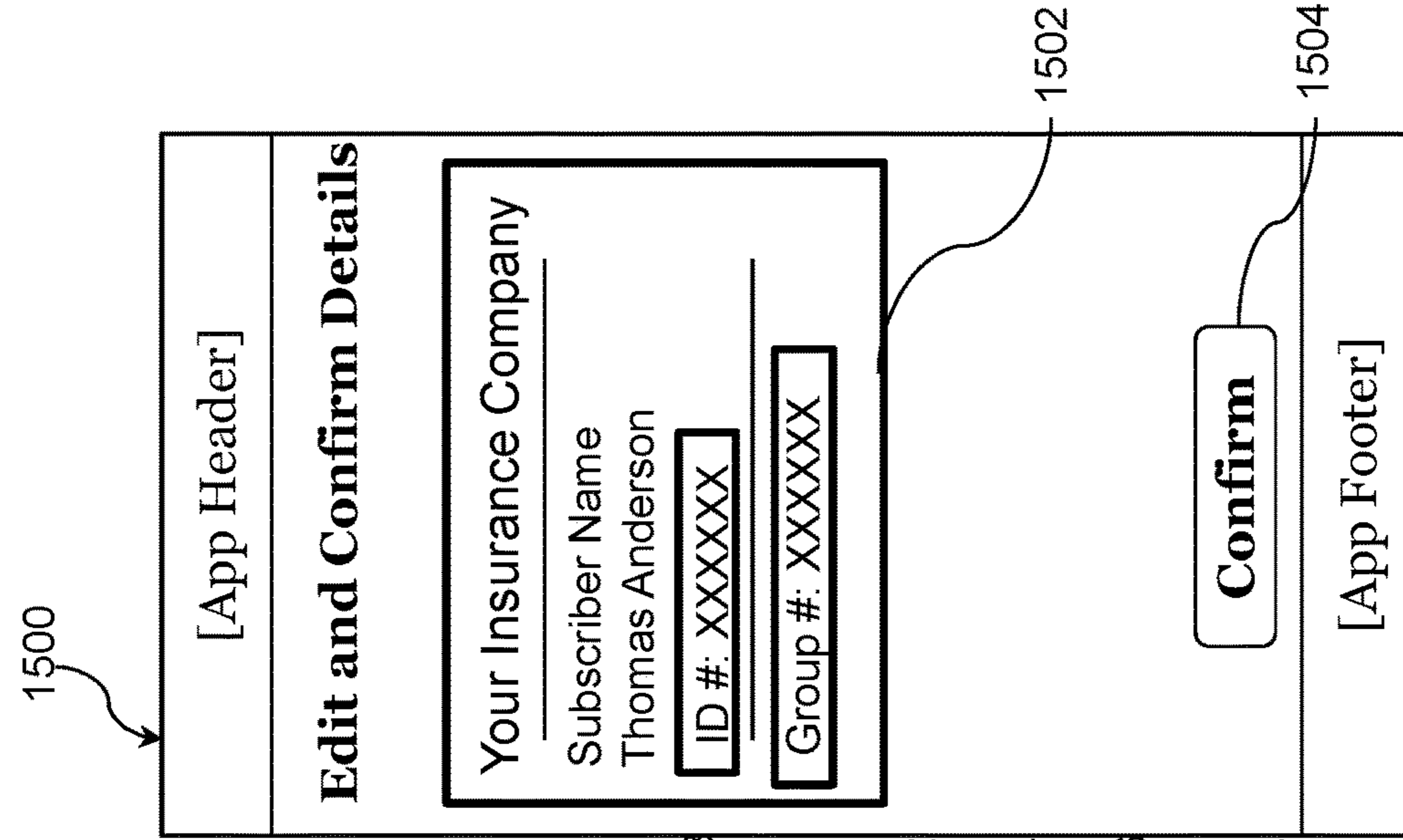


FIG. 15

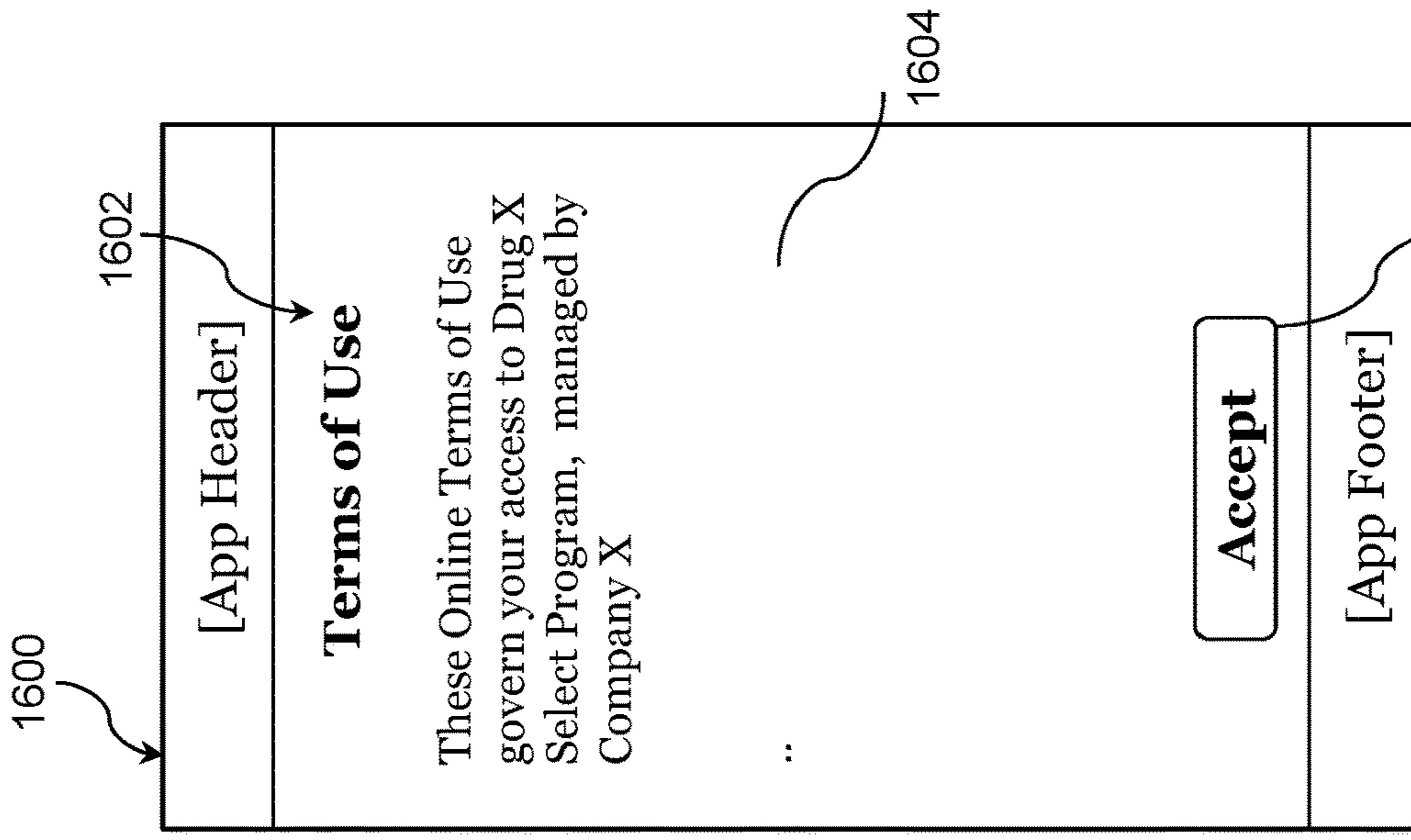


FIG. 16

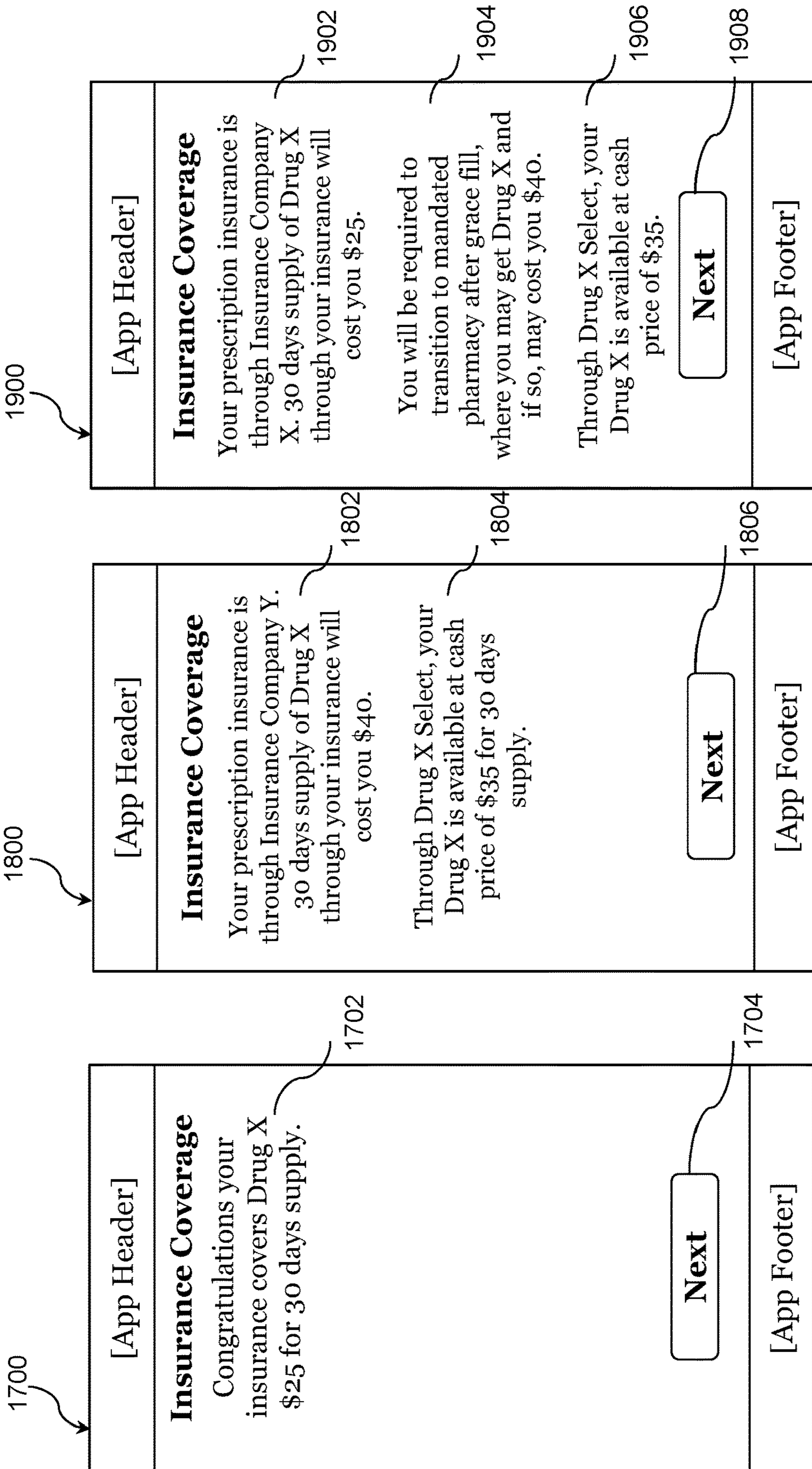


FIG. 17

FIG. 18

FIG. 19

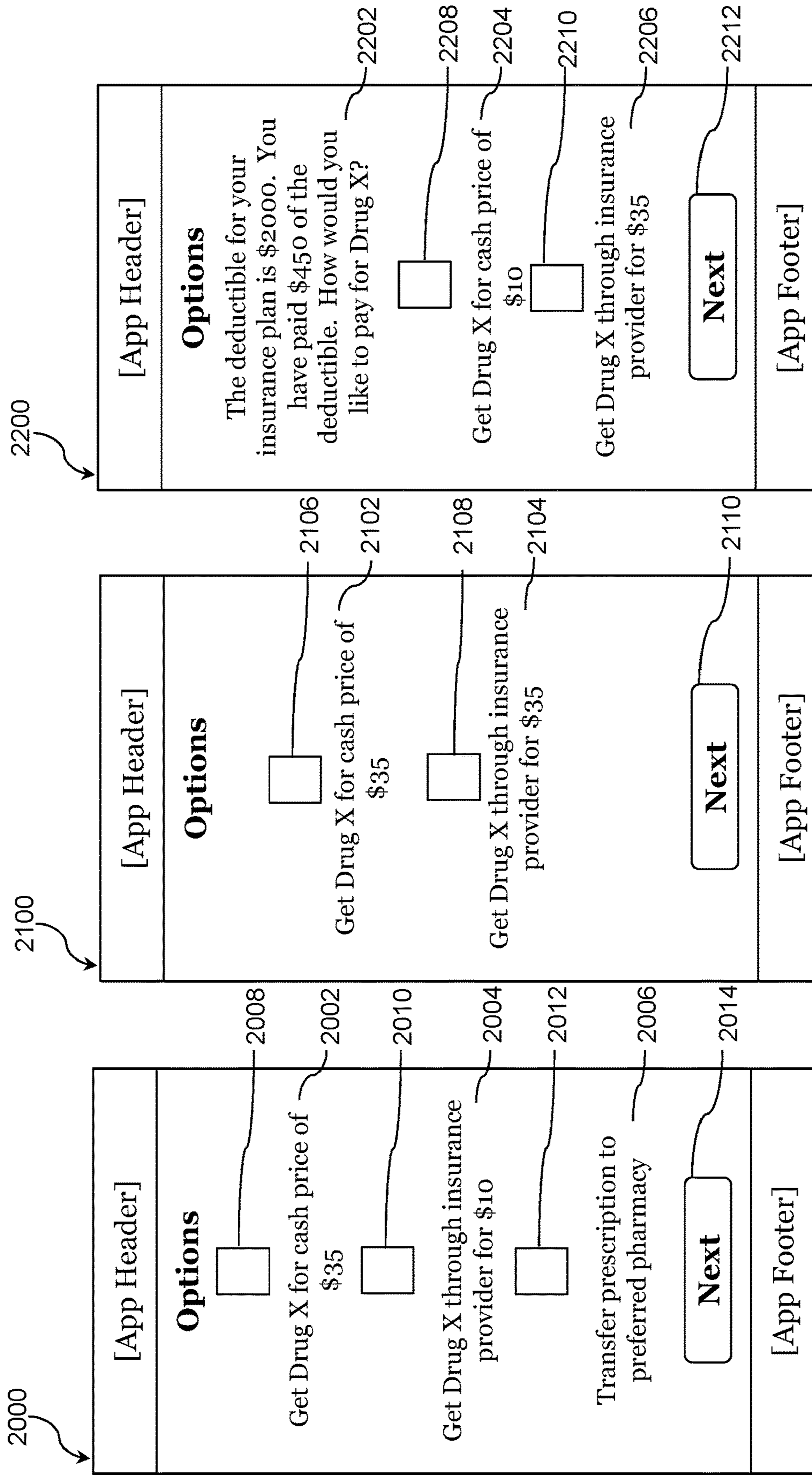


FIG. 20

FIG. 21

FIG. 22

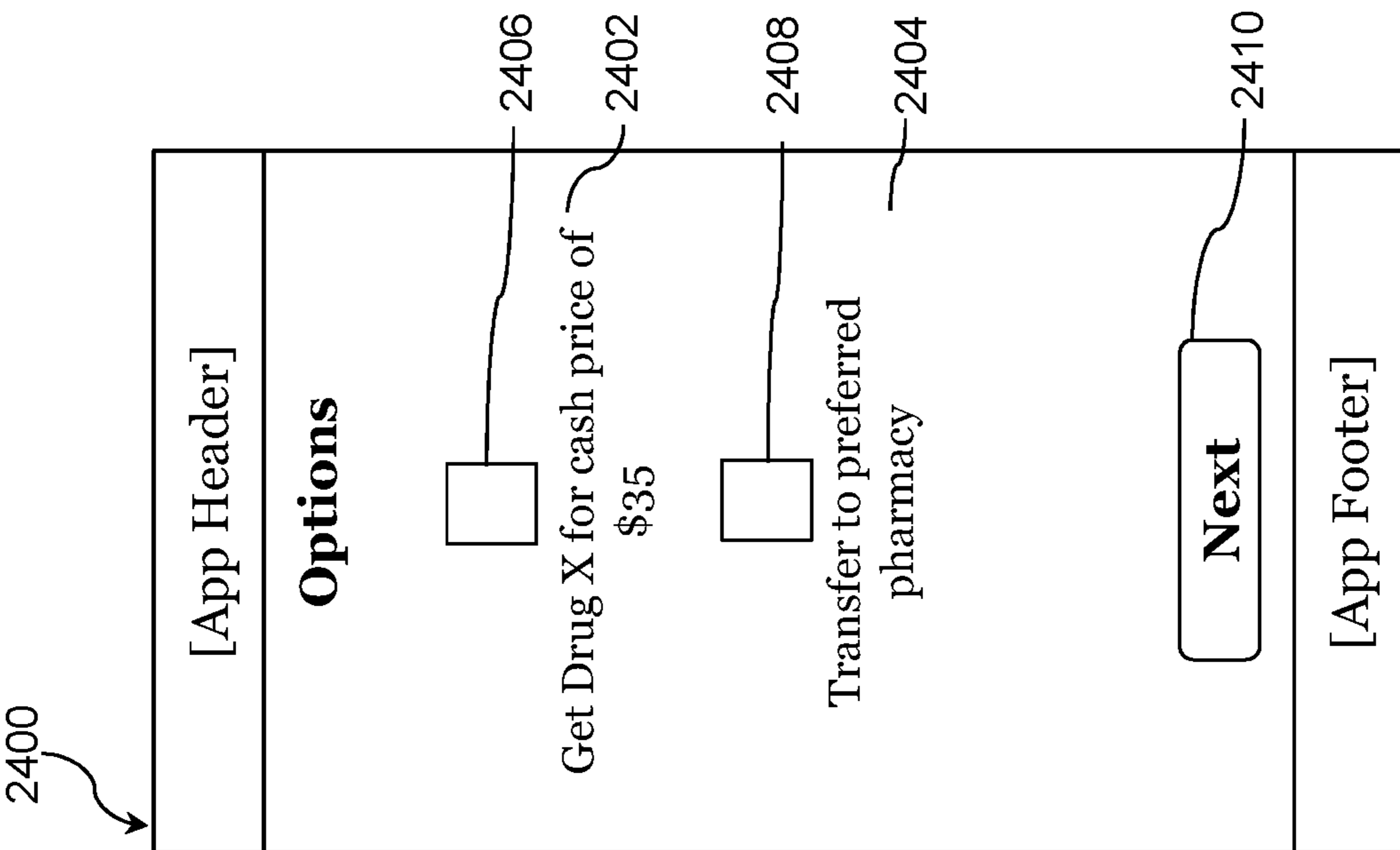


FIG. 23

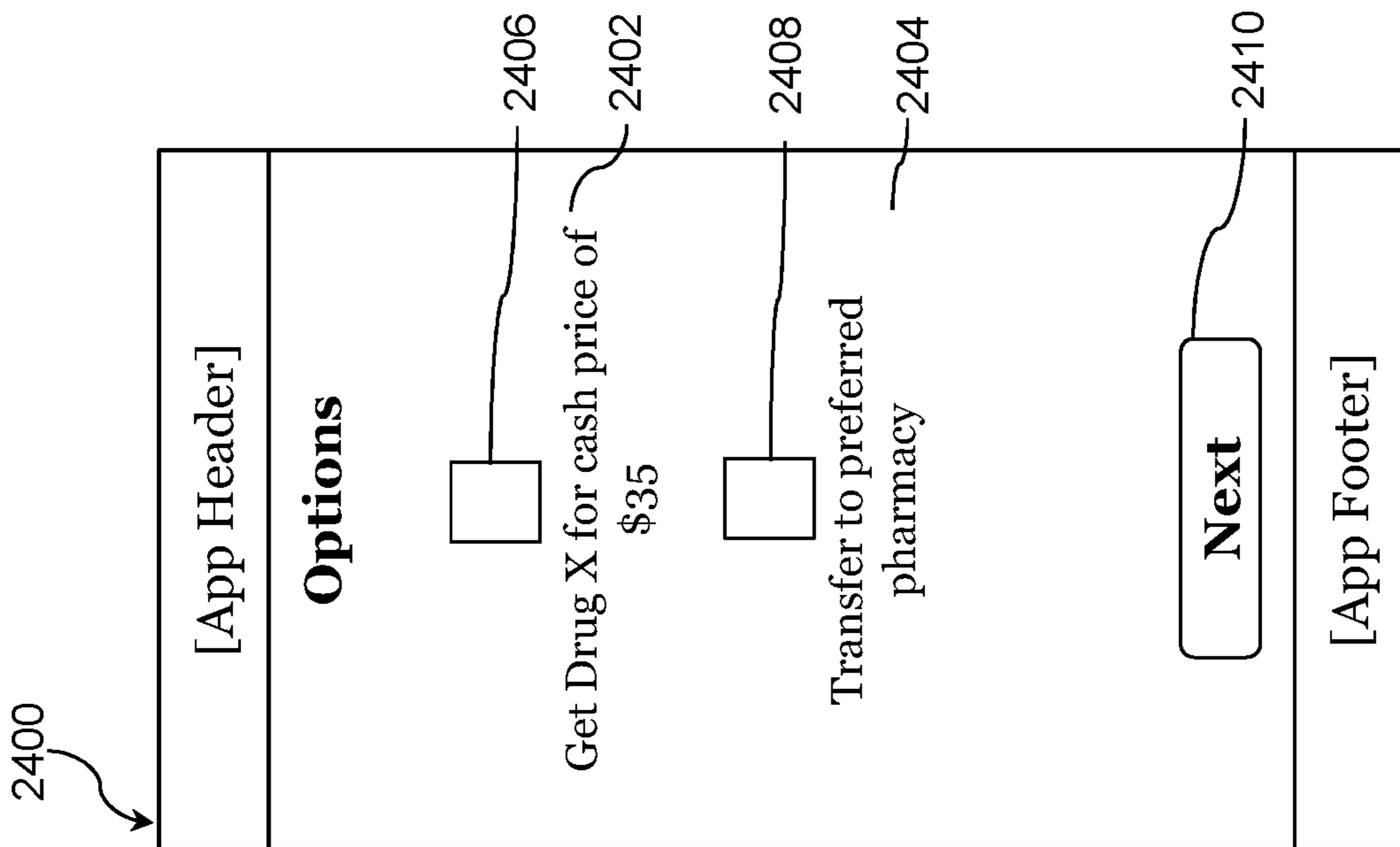


FIG. 24



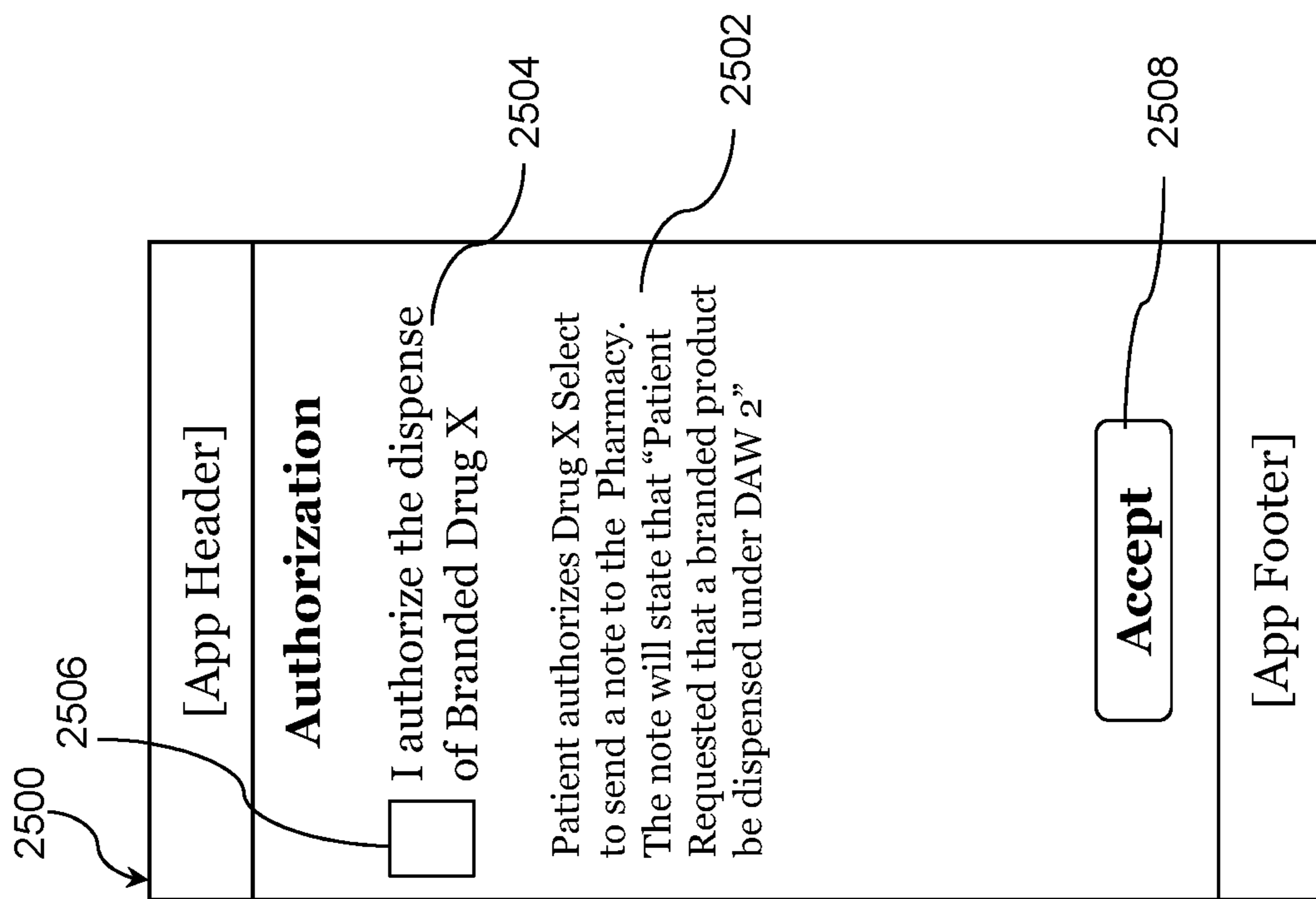


FIG. 25

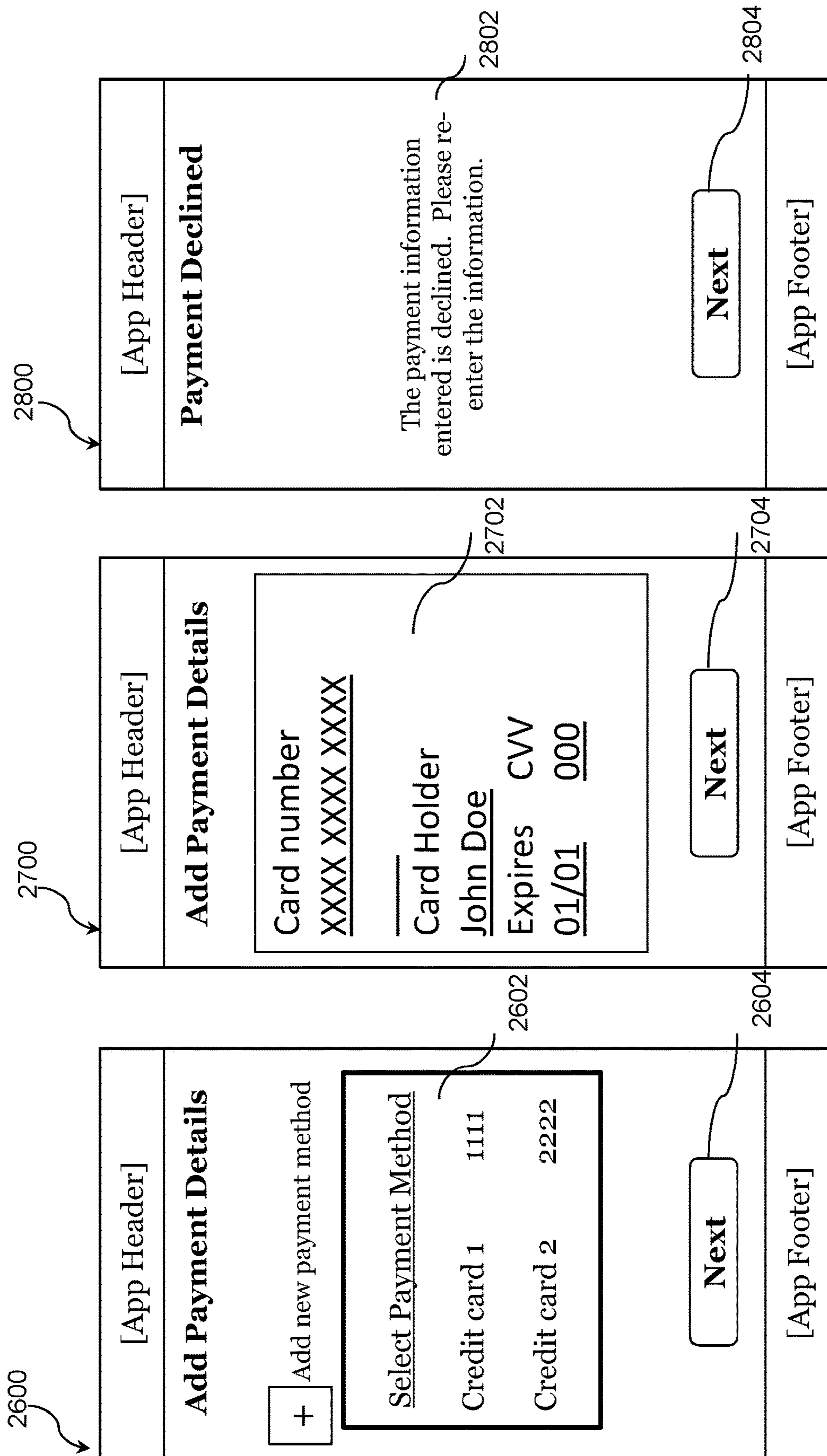


FIG. 26

FIG. 27

FIG. 28

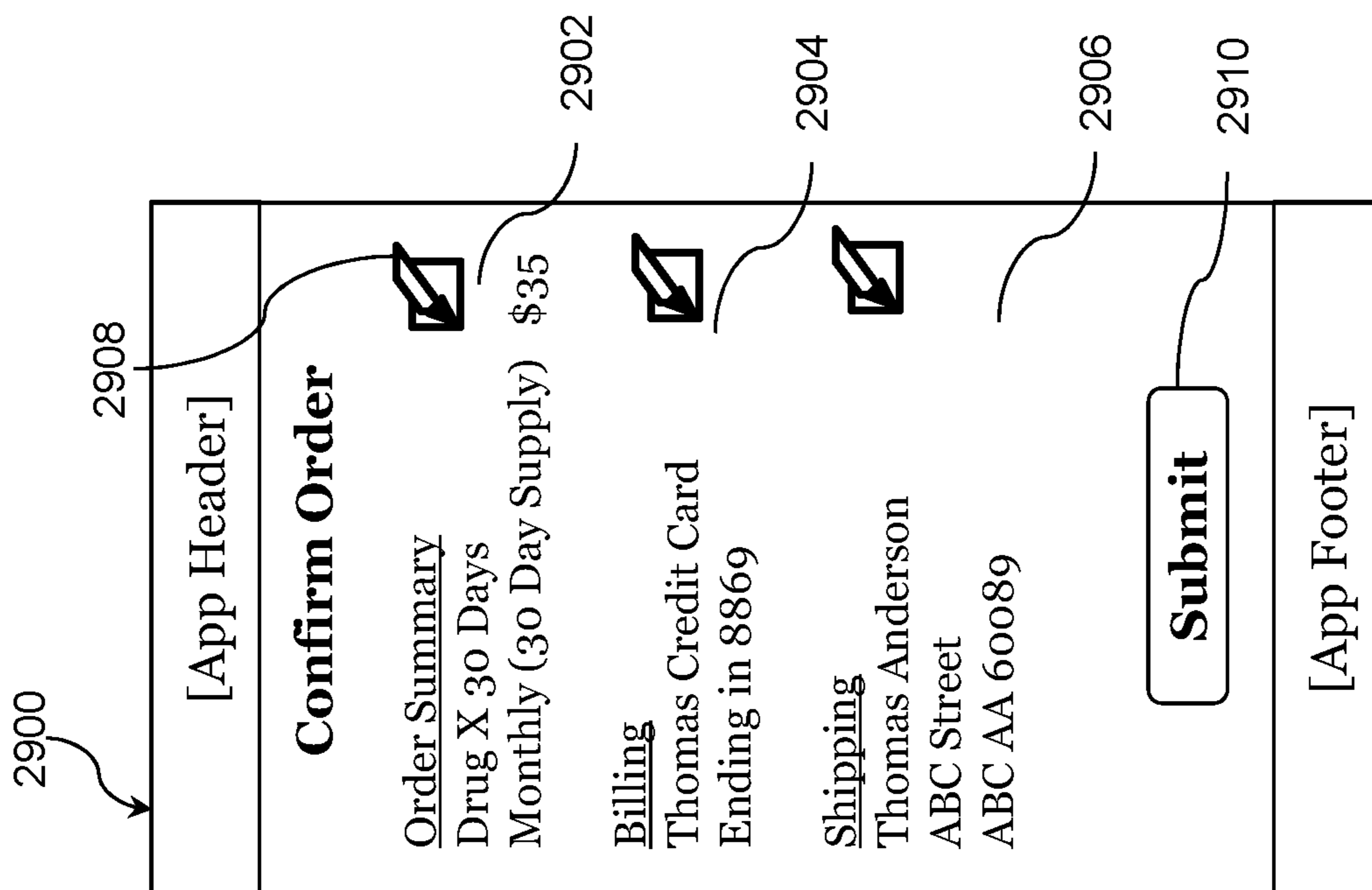


FIG. 29

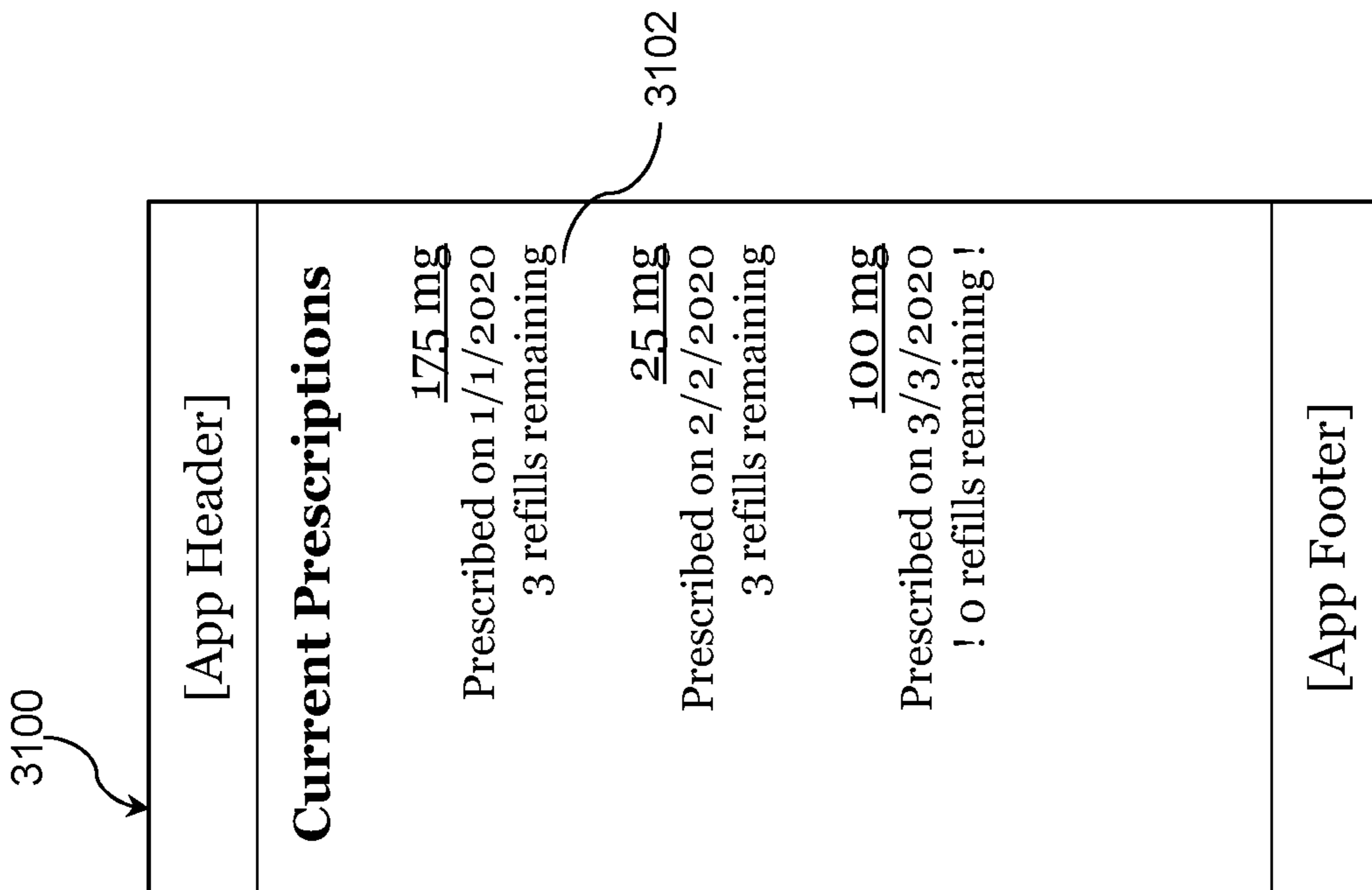


FIG. 30

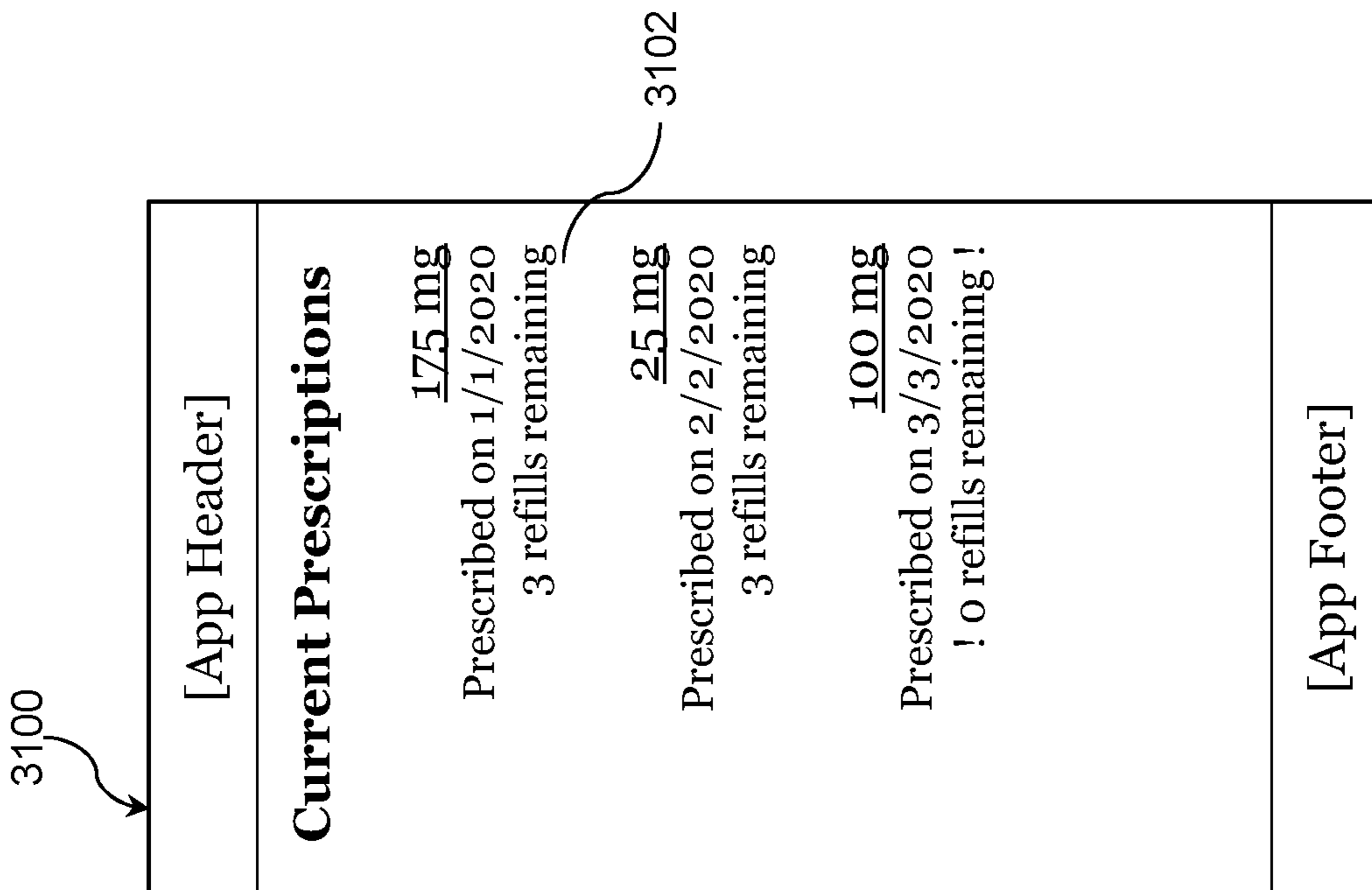


FIG. 31

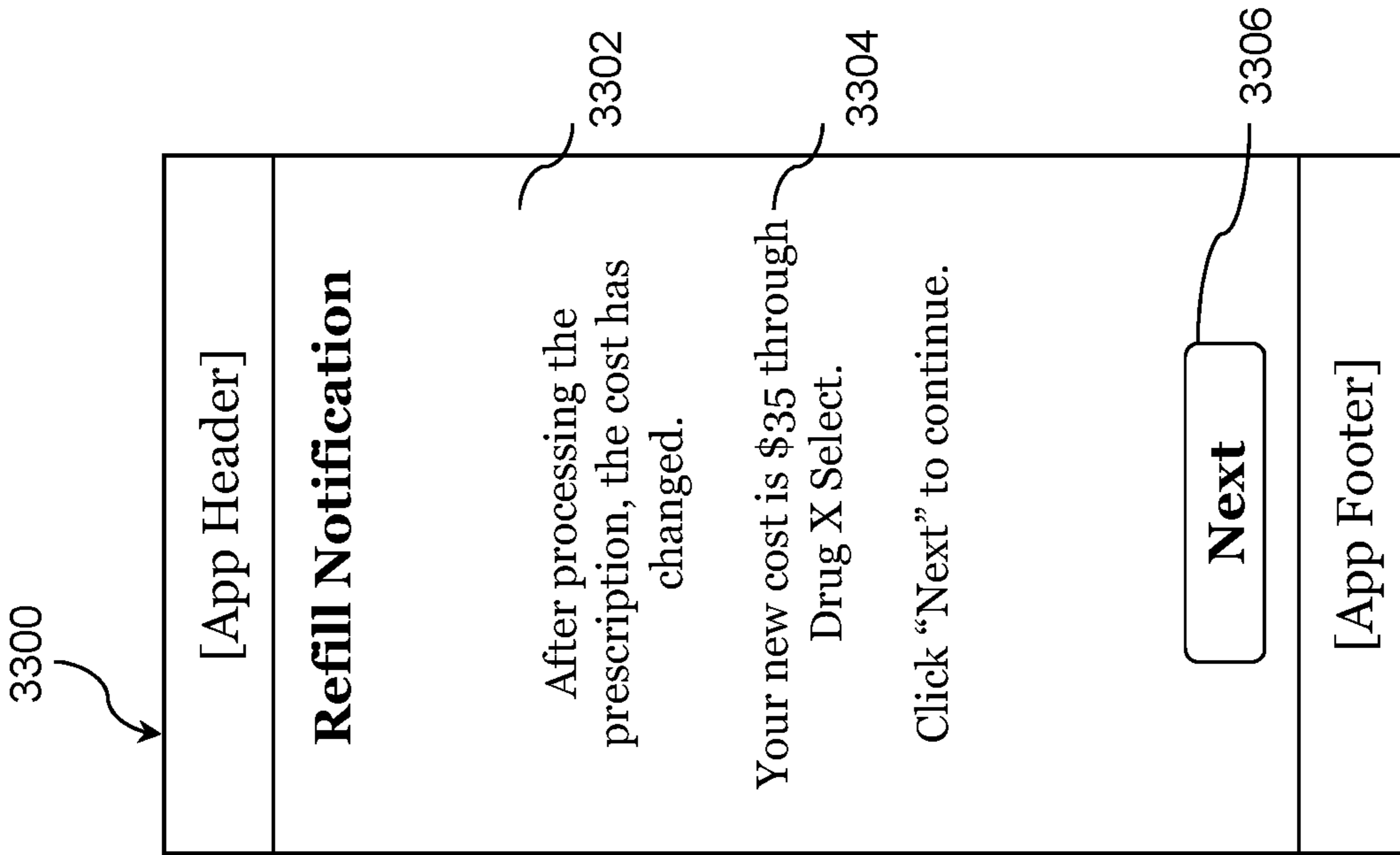


FIG. 32

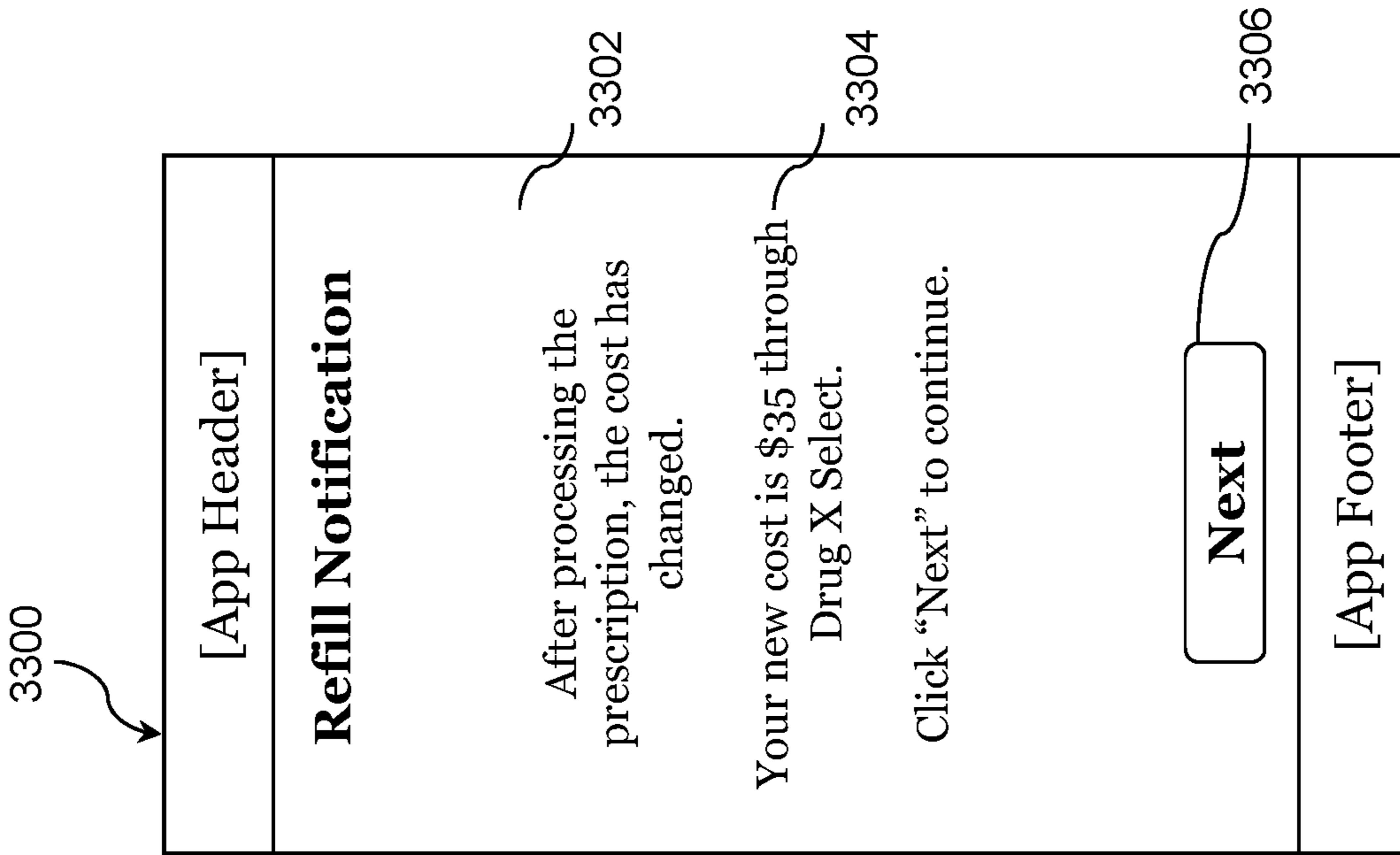


FIG. 33

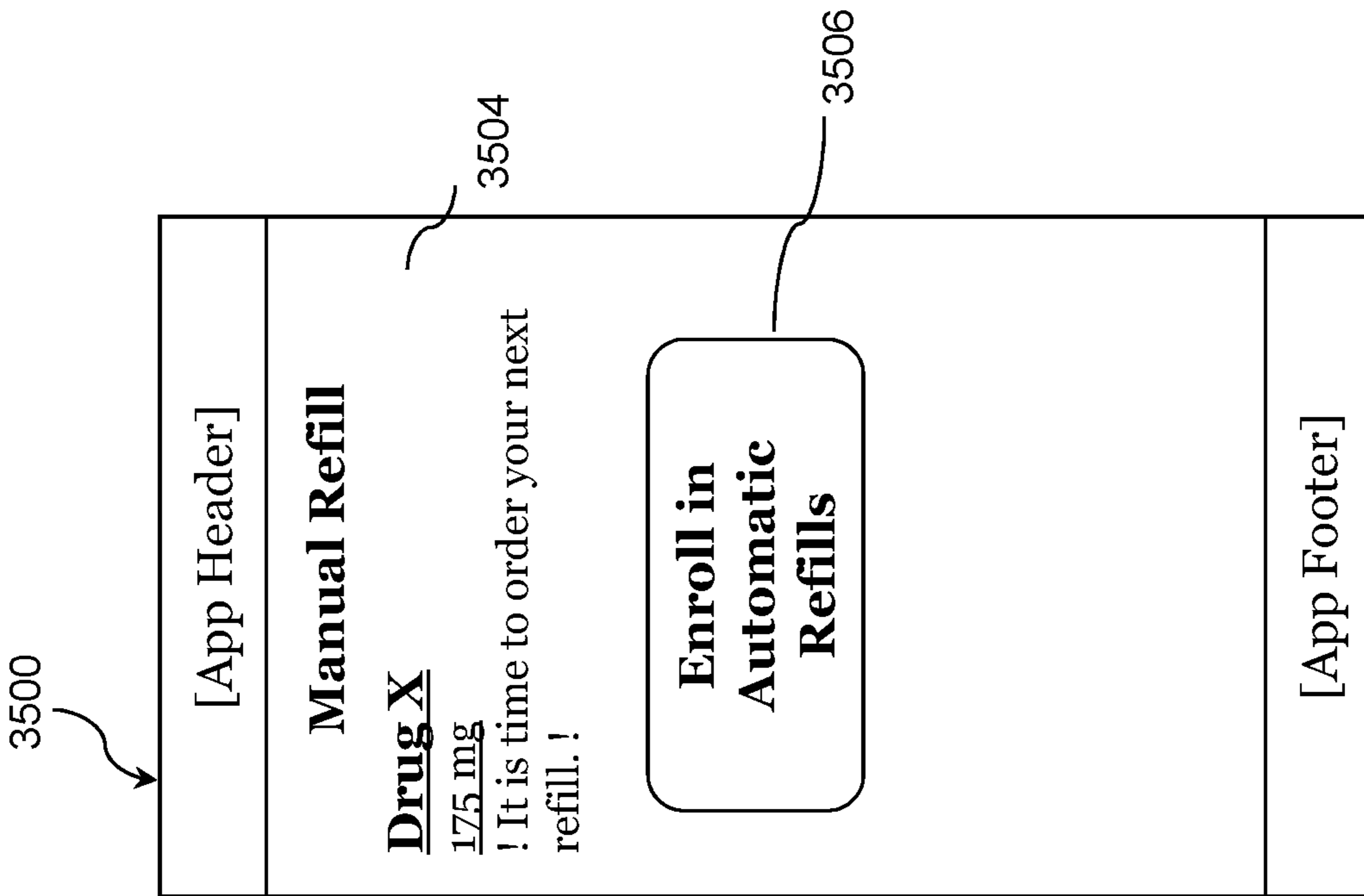


FIG. 35

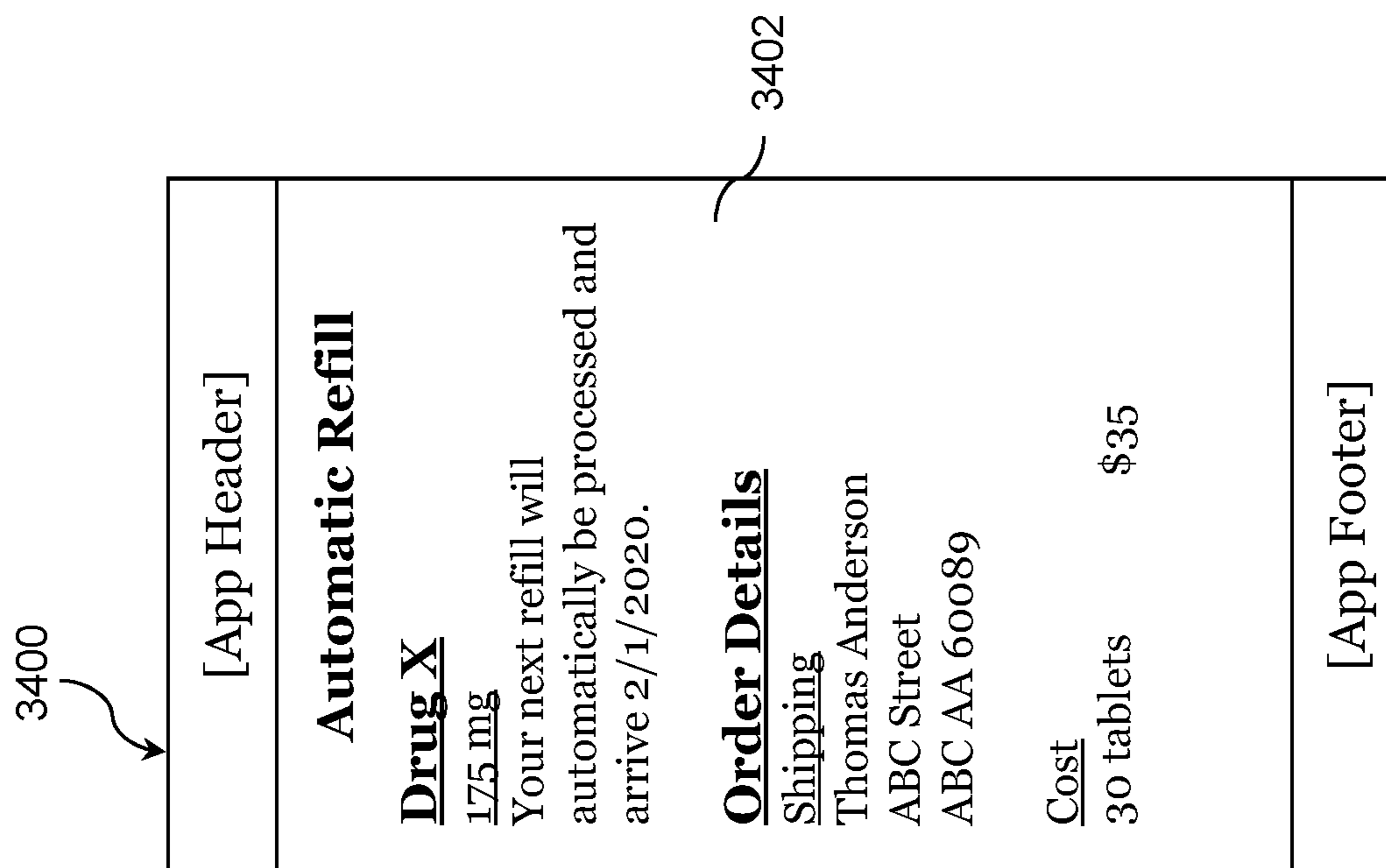


FIG. 34

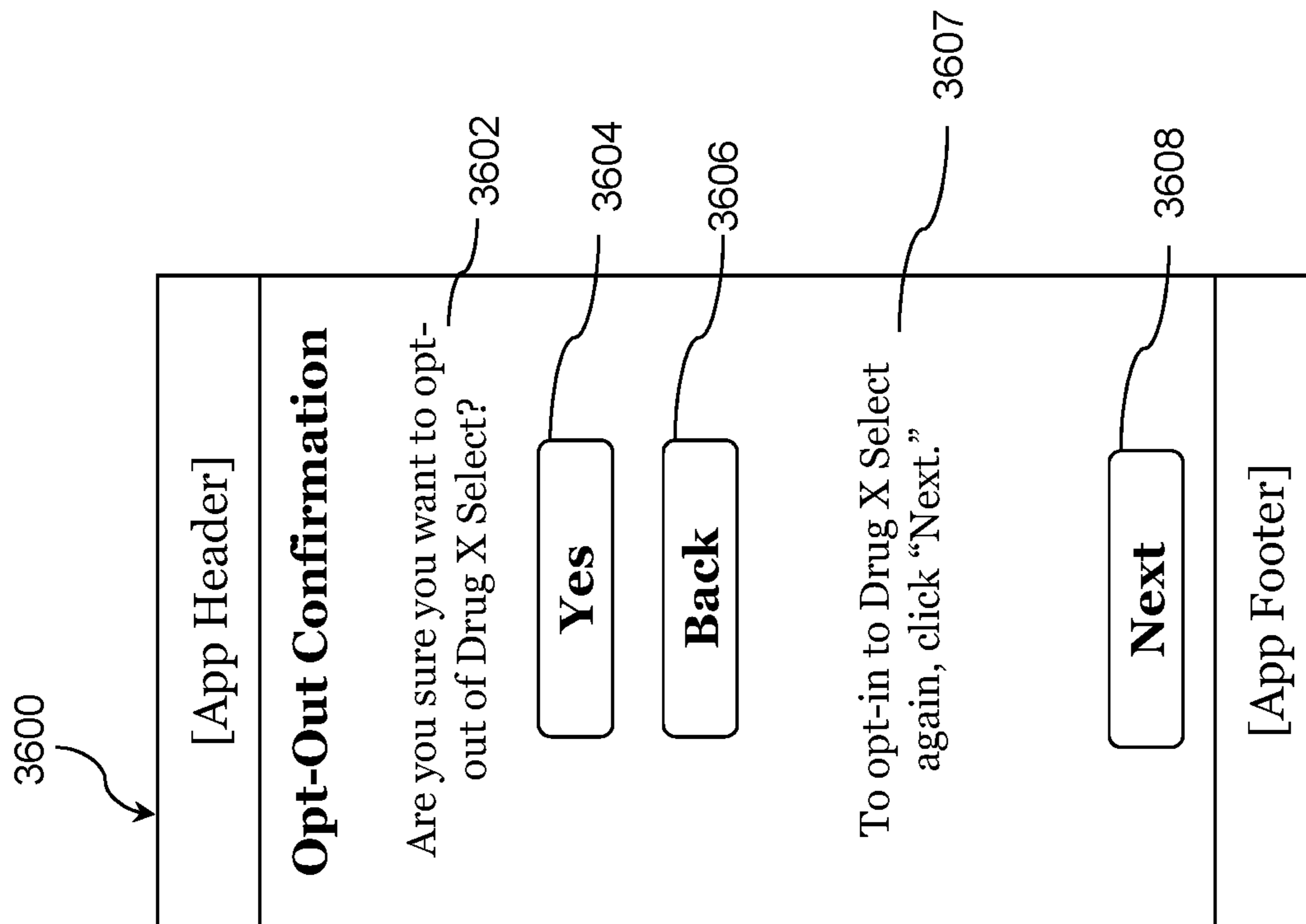


FIG. 36

## PRESCRIPTION DRUG FULFILLMENT SYSTEM AND METHOD

### CROSS-REFERENCE TO RELATED APPLICATIONS

This application claims the benefit of priority to U.S. Provisional Patent Application Ser. No. 62/830,905, filed Apr. 8, 2019, entitled "PRESCRIPTION DRUG FULFILLMENT SYSTEM AND METHOD," the entire contents and disclosures of which are hereby incorporated by reference in their entirety.

### FIELD OF USE

The disclosed subject matter relates to prescription fulfillment systems, and more specifically, to prescription fulfillment systems that enable a patient to electronically have a prescription fulfilled in an accurate, non-intrusive, and cost-effective manner.

### BACKGROUND

In at least some known prescription fulfillment systems, patients prescribed a prescription drug may pay for the prescription drug i) by paying a co-pay or out-of-pocket amount that covers a portion of the total price of the prescription drug (referred to herein as an 'insured cost' for the prescription), with an insurance company paying the remainder of the total price or ii) by paying for the total price of the prescription drug without involving the insurance company (referred to herein as a 'non-insured cost' for the prescription). However, in at least some known prescription fulfillment systems, the patient may be unaware of the price difference between the insured and non-insured costs, and as a result may end up paying the more expensive of the two costs. Further, the patient may not be aware of the specific details of their insurance plan benefits (e.g. costs covered, restrictions, etc.). Furthermore, information about a patient's insurance plan as it relates to their prescription may be difficult to ascertain, especially from pharmacies. For example, the insured cost of the prescription may change in refilling the prescription due to the specific coverage details of the insurance plan, and the patient may be unaware of that change until they have to pay the cost for the refilled prescription.

Further, in at least some known prescription fulfillment systems, a physician may prescribe a first prescription drug and submit that prescription to a pharmacy. Although the prescription is written for the first prescription drug, in some circumstances, the pharmacy may substitute a second prescription drug (e.g., a generic version of the first prescription drug) for the first prescription drug without the patient's or the physician's knowledge. However, the second prescription drug may not be as efficacious for the patient. For example, some pharmacies may have an incentive to substitute the second prescription drug (e.g., the generic) due to state pharmacy mandates and/or based on other incentives.

In addition, in at least some known prescription fulfillment systems, when a patient has a prescription fulfilled at a brick and mortar pharmacy, several interactions (e.g., phone calls, in-person visits) may be required between the pharmacy and the patient before the prescription is filled. For example, the pharmacy may separately contact the patient to obtain insurance details to determine the insured cost, to inform the patient of the determined insured cost, and to inform the patient that the prescription drug is ready

for pickup. These interactions may be time-consuming and intrusive to the patient, and may require the patient to be physically present at the pharmacy. Accordingly, in some situations, these interactions may cause delayed patient treatment and also may cause the patient to decide to forgo treatment and not to obtain the prescription drug. Additionally, pharmacies may not have an active prescription indicated on a patient's record, and therefore may not be proactive in filling refills of the prescription. Further, brick and mortar pharmacies may run out of medications that need to be filled, leaving patients without their prescription for days.

Further, at least some known prescription fulfillment systems allow patients to have a prescription drug directed mailed to them (e.g., "direct to patient pharmacies"). However, such direct to patient pharmacies, similar to brick and mortar pharmacies, also may require several interactions between the pharmacy and the patient. In addition, at least some known direct to patient pharmacies can only fill prescriptions with the patient paying the full, non-insured cost, and are unable to fill prescriptions paid for by both the patient (paying the insured cost) and the insurance company.

Additionally, at least some known prescription fulfillment systems allow patients to compare prices of a particular drug between different pharmacies. However, these known prescription fulfillment systems do not allow patients to compare non-insured and insured costs of the particular drug at a particular pharmacy. Further, these known prescription fulfillment systems simply allow the patient to compare the drug prices, and do not process the prescription for the patient.

### BRIEF DESCRIPTION OF THE DISCLOSURE

In one aspect, a system for fulfilling a prescription of a prescription product for a patient covered by an insurance provider is provided. The system includes at least one processor in communication with at least one memory device. The at least one processor is programmed to (i) receive a prescription request including patient data relating to the patient, (ii) determine the insurance provider of the patient based on the received patient data, (iii) determine an insured cost for the prescription for the patient, wherein the insured cost is a cost the patient will pay for the prescription when a claim is filed with the determined insurance provider, (iv) determine a non-insured cost for the prescription for the patient, wherein the non-insured cost is a cost the patient will pay for the prescription without the claim being filed, (v) compare the insured cost to the non-insured cost to determine which cost is lower, (vi) if the insured cost is lower, a) transmit a message to the patient including a recommendation that an insurance claim be filed for the prescription, a first payment transaction request prompting the patient to enter payment details for the insured cost, and an authorization prompt for the patient to authorize the filing of the insurance claim and a first payment transaction for the insured cost, and b) process the insurance claim and the first payment transaction upon authorization by the patient, (vii) if the non-insured cost is lower, a) transmit a message to the patient including a recommendation that the patient pay the non-insured cost for the prescription and a second payment transaction request prompting the patient to enter payment details for the non-insured cost and authorize a second payment transaction for the non-insured cost, and b) process the second payment transaction upon authorization by the patient, and (viii) transmit the prescription to a pharmacy for further processing.



In another aspect, a computer-implemented method for fulfilling a prescription for a patient covered by an insurance provider is provided. The method includes (i) receiving a prescription request including patient data relating to the patient, (ii) determining the insurance provider of the patient based on the received patient data, (iii) determining an insured cost for the prescription for the patient, wherein the insured cost is a cost the patient will pay for the prescription when a claim is filed with the determined insurance provider, (iv) determining a non-insured cost for the prescription for the patient, wherein the non-insured cost is a cost the patient will pay for the prescription without the claim being filed, (v) comparing the insured cost to the non-insured cost to determine which cost is lower, (vi) if the insured cost is lower, a) transmitting a message to the patient including a recommendation that an insurance claim be filed for the prescription, a first payment transaction request prompting the patient to enter payment details for the insured cost, and an authorization prompt for the patient to authorize the filing of the insurance claim and a first payment transaction for the insured cost, and b) processing the insurance claim and the first payment transaction upon authorization by the patient, (vii) if the non-insured cost is lower, a) transmitting a message to the patient including a recommendation that the patient pay the non-insured cost for the prescription and a second payment transaction request prompting the patient to enter payment details for the non-insured cost and authorize a second payment transaction for the non-insured cost, and b) processing the second payment transaction upon authorization by the patient, and (viii) transmitting the prescription to a pharmacy for further processing.

In a further aspect, at least one non-transitory computer-readable media having computer-executable instructions thereon is provided. When executed by at least one processor of a prescription fulfillment system, the instructions may cause the at least one processor to (i) receive a prescription request including patient data relating to a patient, (ii) determine an insurance provider of the patient based on the received patient data, (iii) determine an insured cost for a prescription for the patient, wherein the insured cost is a cost the patient will pay for the prescription when a claim is filed with the determined insurance provider, (iv) determine a non-insured cost for a prescription for the patient, wherein the non-insured cost is a cost the patient will pay for the prescription without the claim being filed, (v) compare the insured cost to the non-insured cost to determine which cost is lower, (vi) if the insured cost is lower, a) transmit a message to the patient including a recommendation that an insurance claim be filed for the prescription, a first payment transaction request prompting the patient to enter payment details for the insured cost, and an authorization prompt for the patient to authorize the filing of the insurance claim and a first payment transaction for the insured cost, and b) process the insurance claim and first payment transaction upon authorization by the patient, (vii) if the non-insured cost is lower, a) transmit a message to the patient including a recommendation that the patient pay the non-insured cost for the prescription and a second payment transaction request prompting the patient to enter payment details for the non-insured cost and authorize a second payment transaction for the non-insured cost, and b) process the second payment transaction upon authorization by the patient, and (viii) transmit the prescription and one of the processed insurance claim and the processed payment transaction to a pharmacy for further processing.

#### BRIEF DESCRIPTION OF THE DRAWINGS

FIGS. 1-36 show example embodiments of the methods and systems described herein.

FIG. 1 illustrates a flow chart of an example embodiment of a prescription fulfillment system.

FIG. 2 illustrates a flow chart of an example embodiment of the prescription fulfillment system shown in FIG. 1 when fulfilling a refill prescription.

FIG. 3 is a simplified block diagram of an example prescription fulfillment system that includes computing devices in accordance with one example embodiment of the present disclosure.

FIG. 4 illustrates an example configuration of a client system shown in FIGS. 1 and 2.

FIG. 5 illustrates an example configuration of a server system shown in FIGS. 1 and 2.

FIG. 6 illustrates a diagram of components of one or more exemplary computing devices that may be used in one example embodiment of the present disclosure.

FIG. 7 illustrates an example data flow that may be used with the system shown in FIG. 1.

FIG. 8 is an example flow diagram for fulfilling a prescription.

FIG. 9 is an example flow diagram for fulfilling a refill prescription.

FIG. 10 illustrates a flow chart of an exemplary computer-implemented process for fulfilling a prescription as shown in FIG. 1.

FIGS. 11-36 are screenshots of one example of a patient application platform, as shown in FIG. 1.

Like numbers in the Figures indicate the same or functionally similar components.

#### DETAILED DESCRIPTION OF THE DISCLOSURE

Embodiments of the methods and systems described herein enable determining a cost of a prescription for a user and accurately and non-intrusively fulfilling the prescription. For example, when a patient visits and consults with a healthcare provider (HCP) (e.g., a doctor, a nurse practitioner, or the like), the HCP may prescribe/order a product (e.g., a prescription medication) that must be fulfilled by a separate entity (e.g., a pharmacy). As used herein, the term prescription product may include drugs, pharmaceutical products, medical therapies, digital health therapeutics, digital health solutions, as well as any other products or procedures that require a prescription from an HCP. The embodiments disclosed herein also provide a patient application (e.g., executable on a mobile computing device) that facilitates comparing prescription prices and ensures that the patient pays the lowest cost of the insured cost and the non-insured cost for the prescription at a particular pharmacy.

The systems and methods described herein facilitate seamlessly fulfilling a prescription (e.g., through a pharmacy) prescribed to a patient by a HCP through a prescription fulfillment system. The prescription fulfillment system (i) determines patient information (e.g., insurance provider and plan information), (ii) compares an insured cost for the prescription based on the determined insurance information (e.g., the cost that the patient has to pay for the prescription when filing a claim with their insurance provider) to a non-insured cost of the prescription (e.g., the cost that the patient has to pay for the prescription without filing a claim), (iii) determines which cost is lower for the patient, (iv) provides an application for the patient to complete the transaction using the lower cost option, and (v) communicates transaction details to a pharmacy for the prescription to

be fulfilled. The patient may enroll in the prescription fulfillment system through their HCP or independently.

At least one of the technical problems addressed by the systems and methods described herein includes: (i) inability to seamlessly fulfill a prescription through a comprehensive system; (ii) inability to rapidly retrieve and compare prescription prices (e.g., the price of a prescription with and without filing an insurance claim); (iii) lack of a direct-to-patient system for fulfilling prescriptions that handles both insurance claims and non-insured payments; (iv) lack of a system for fulfilling prescriptions that ensures that the patient is getting the exact prescription prescribed to them (e.g., in at least some known systems, the pharmacy may substitute a generic prescription without notifying the patient); and (v) requiring multiple interactions between patients, pharmacies, and insurance providers to process and complete an order for a prescription. Certain embodiments described herein may address one or more of these technical problems in a prompt, relatively automated fashion.

The methods and systems described herein may be implemented using computer programming or engineering techniques including computer software, firmware, hardware, or any combination or subset thereof, wherein the technical effects may be achieved by performing at least one of the following steps: (i) receiving a prescription request including patient data relating to the patient, (ii) determining the insurance provider of the patient based on the received patient data, (iii) determining an insured cost for the prescription for the patient, wherein the insured cost is a cost the patient will pay for the prescription when a claim is filed with the determined insurance provider, (iv) determining a non-insured cost for the prescription for the patient, wherein the non-insured cost is a cost the patient will pay for the prescription without the claim being filed, (v) comparing the insured cost to the non-insured cost to determine which cost is lower, (vi) if the insured cost is lower, a) transmitting a message to the patient including a recommendation that an insurance claim be filed for the prescription, a first payment transaction request prompting the patient to enter payment details for the insured cost, and an authorization prompt for the patient to authorize the filing of the insurance claim and a first payment transaction for the insured cost, and b) processing the insurance claim and the first payment transaction upon authorization by the patient, (vii) if the non-insured cost is lower, a) transmitting a message to the patient including a recommendation that the patient pay the non-insured cost for the prescription and a second payment transaction request prompting the patient to enter payment details for the non-insured cost and authorize a second payment transaction for the non-insured cost, and b) processing the second payment transaction upon authorization by the patient, and (viii) transmitting the prescription to a pharmacy for further processing.

The resulting technical effect achieved by the systems and methods described herein may include at least one of: (i) seamlessly fulfilling a prescription through a comprehensive system; (ii) providing an application that compares prescription prices (e.g., the price of a prescription with and without filing an insurance claim); (iii) providing a direct-to-patient system for fulfilling prescriptions that can handle both insurance claims and non-insured payments; and (iv) providing a direct-to-patient system for fulfilling prescriptions that ensures that the patient is getting the exact prescription prescribed to them.

For example, the prescription fulfillment system described herein includes a data aggregator that retrieves and aggregates insurance data (e.g., from insurance provider

databases) and a server. To rapidly and accurately determine the price of a prescription when filing an insurance claim, the server compares patient identification information with the aggregated insurance data. Alternatively, a pharmacy may process a test claim (e.g., through a pharmacy management system associated with the pharmacy) to determine the price of the prescription using insurance, and communicate that determined price directly to prescription fulfillment system for further processing.

Further, the server of the prescription fulfillment system has access to a database including the price of a prescription when not filing an insurance claim. Advantageously, the price stored in the database may account for coupons, rebates, etc. to accurately reflect the actual price when not filing an insurance claim (as opposed to the listed retail price). Given the architecture of the prescription fulfillment system, the server of the system is uniquely positioned to rapidly determine an insured cost and a non-insured cost for a prescription, automatically compare the insured and non-insured costs, and enable the patient to rapidly and easily complete an order for the prescription at the lower of the insured and non-insured costs.

Specifically, the prescription fulfillment system described herein interfaces with a patient's mobile device (e.g., via an application) to process the order for the prescription using the insured or non-insured cost as appropriate. In the embodiments described herein, the application provides a dynamic user interface (described in detail below) that walks the patient through filling the prescription. For example, the patient is able to view the insured and non-insured costs, select which option they would like to use to purchase the prescription, and quickly input payment and shipping information to complete the order for the prescription. The user interface guides the patient through these steps through straight-forward and intuitive prompts, as described herein. The application may also, in some embodiments, aggregate data from a plurality of patients using the application and apply predictive modeling to the aggregated data to make real-time recommendations to a particular patient (e.g., recommending the insured or the non-insured cost).

In the embodiments described herein, the server of the prescription fulfillment system processes the prescription order using the information collected using the application operating on the patient's mobile device. For example, when the patient selects to purchase the prescription at the insured cost, the server may automatically complete and submit insurance claim forms to the appropriate insurance provider to initiate claim adjudication. Further, whether the patient selects to purchase the prescription at the insured or non-insured cost, the server may transmit the payment and shipping information to the pharmacy for the pharmacy to process payment and ship the prescription. Further, the application enables the patient to easily track the status of the prescription order. Thus, using the prescription fulfillment system described herein, all information necessary for prescription to be fulfilled is rapidly collected and transmitted to the pharmacy and/or the insurance provider, as appropriate, greatly reducing the number of interactions between the patient, pharmacy, and insurance provider as compared to at least some known systems.

The following detailed description illustrates embodiments of the disclosure by way of example and not by way of limitation. It is contemplated that the embodiments have general application to fulfilling prescriptions in a variety of applications.

As used herein, the term "database" may refer to either a body of data, a relational database management system

(RDBMS), or to both. As used herein, a database may include any collection of data including hierarchical databases, relational databases, flat file databases, object-relational databases, object-oriented databases, and any other structured collection of records or data that is stored in a computer system. The above examples are example only and thus are not intended to limit in any way the definition and/or meaning of the term database. Examples of RDBMS's include, but are not limited to including, Oracle® Database, MySQL, Teradata, IBM® DB2, Microsoft® SQL Server, Sybase®, and PostgreSQL. However, any database may be used that enables the systems and methods described herein. (Oracle is a registered trademark of Oracle Corporation, Redwood Shores, Calif.; IBM is a registered trademark of International Business Machines Corporation, Armonk, N.Y.; Microsoft is a registered trademark of Microsoft Corporation, Redmond, Wash.; and Sybase is a registered trademark of Sybase, Dublin, Calif.)

In one embodiment, a computer program is provided, and the program is embodied on a computer-readable medium. In an example embodiment, the system is executed on a single computer system, without requiring a connection to a sever computer. In a further embodiment, the system is being run in a Windows® environment (Windows is a registered trademark of Microsoft Corporation, Redmond, Wash.). In a further embodiment, the system is being run in an Apple® iOS environment (Apple is a registered trademark of Apple Inc., Cupertino, Calif.). In a further embodiment, the system is being run in a Google® environment (Google is a registered trademark of Google LLC, Mountain View, Calif.). In yet another embodiment, the system is run on a mainframe environment and a UNIX® server environment (UNIX is a registered trademark of X/Open Company Limited Reading, Berkshire, United Kingdom). The application is flexible and designed to run in various different environments without compromising any major functionality. In some embodiments, the system includes multiple components distributed among a plurality of computing devices. One or more components may be in the form of computer-executable instructions embodied in a computer-readable medium.

As used herein, an element or step recited in the singular and preceded with the word “a” or “an” should be understood as not excluding plural elements or steps, unless such exclusion is explicitly recited. Furthermore, references to “example embodiment” or “one embodiment” of the present disclosure are not intended to be interpreted as excluding the existence of additional embodiments that also incorporate the recited features.

The embodiments described herein may be used to fill a prescription for any suitable drug. For example, the drug may be SYNTHROID (levothyroxine).

FIG. 1 is a flow chart of an example embodiment of a process 100 for fulfilling a prescription 102. In the exemplary embodiment, prescription 102 is prescribed by a healthcare provider (HCP) 104 for a patient 106. Further, prescription 102 is filled by a pharmacy 108.

In the exemplary embodiment, HCP 104 introduces patient 106 to a prescription fulfillment system 112, determines whether patient 106 would like prescription 102 to be processed by prescription fulfillment system 112, and writes 110 prescription 102 for patient 106. Prescription 102 is sent to pharmacy 108, and in the exemplary embodiment, prescription 102 includes patient identification information. Patient identification information may include a name, address, birthdate, phone number, and/or other identifying information for patient 106. In the exemplary embodiment,

prescription 102 is an electronic prescription. That is, prescription 102 is electronically sent to pharmacy 108 by HCP 104 (e.g., through a computing device of HCP 104). In other embodiments, prescription 102 may be a written prescription that has to be physically sent to pharmacy 108. In the exemplary embodiment, once pharmacy 108 receives prescription 102, pharmacy 108 creates a patient profile 103 for patient 106. Pharmacy 108 sends prescription 102 and patient profile 103 to prescription fulfillment system 112 for processing. Specifically, pharmacy 108 sends the exact prescription 102 from HCP 104 to prescription fulfillment system 112 for processing. That is, pharmacy 108 does not process prescription 102 (e.g., pharmacy 108 does not determine the cost of prescription 102 or communicate with patient 106 for insurance and/or personal details). Accordingly, pharmacy 108 is unable to change and/or substitute prescription 102 for a different prescription (e.g., a generic of prescription 102) like in known systems, described above.

In some embodiments, pharmacy 108 manually runs prescription 112 through its own pharmacy management system (e.g., not immediately through prescription fulfillment system 112) or runs a test claim through prescription fulfillment system 112 to determine a cost of prescription 102 using insurance (e.g., the insured cost). That is, in some embodiments, pharmacy 108 runs a test claim through its system or through prescription fulfillment system 112 solely to determine the insured cost of prescription 102 and without actually fulfilling prescription 102. In these embodiments, pharmacy 108 may transmit the determined insured cost to prescription fulfillment system 112 such that patient 106 and/or prescription fulfillment system 112 can determine whether the insured cost or the non-insured cost is more economical for prescription 102, as described herein.

In the exemplary embodiment, prescription fulfillment system 112 includes a back-end 114 and a front-end 116. Patient 106 interacts with front-end 116 and does not access back-end 114. Back-end 114 includes a data aggregator 118 and a server 120. Front-end 116 includes an application, or app 122 that may be installed on a mobile device 123 of patient 106.

In the exemplary embodiment, data aggregator 118 collects data, including insurance data 124, from a variety of data sources. Insurance data 124 may include respective insurance providers, insurance plans, and insurance benefits for respective patients. In the exemplary embodiment, data aggregator 118 collects insurance data 124 without insurance providers being actively involved. That is, data aggregators 118 may have access to databases of insurance providers and may collect insurance data 124 freely from those databases without the insurance providers being made aware of the particular prescription. Insurance data 124 is sent from data aggregator 118 to server 120. Server 120 compares patient identification information from prescription 102 to insurance data 124 from data aggregator 118 to determine the specific insurance data 124 for patient 106. For example, server 120 may compare insurance data 124 associated with a specific patient (e.g., with a specific name, birthdate, and address) with the patient identification data included in prescription 102 to determine specific insurance data 124 for patient 106. Further, server 120 determines a non-insured cost and an insured cost (e.g., an out of pocket (OOP) cost) for patient 106 for prescription 102. The non-insured cost may be stored in server 120 and is a cost of prescription 102 for patient 106 when patient 106 does not file an insurance claim to pay for prescription 102. The non-insured cost may account for coupons, rebates, and discounts for prescription 106 that may be provided by a

manufacturer of prescription **102**. For example, a prescription **102** that costs \$65 may have a non-insured cost of \$25 after a \$40 coupon is applied to the cost of prescription **102**. The insured cost is determined by server **120** using determined insurance data **124** for patient **106**. Specifically, the insured cost is the cost of prescription **102** for patient **106** based on the determined insurance plan when a claim is filed with the determined insurance provider. For example, a prescription **102** that costs \$65 may have an insured cost of \$25 for patient **106** when a claim is filed with their insurance provider (and the insurance provider pays \$40). In another example, a prescription **102** that costs \$65 may have an insured cost of \$25 for patient **106** when a claim is filed with their insurance provider, the insurance provider pays \$35, and a \$5 coupon (e.g., co-pay assistance) is applied to the insured cost of prescription **102**.

In the exemplary embodiment, server **120** compares the determined non-insured cost and determined insured cost to determine which cost is lower for prescription **102** for patient **106**. Unlike known systems described above, server **120** ensures that patient **106** is paying the lowest possible cost for prescription **102** by comparing the non-insured and insured costs. Based on whether the non-insured cost or insured cost is lower, an insured or non-insured message **126** is sent to app **122**. That is, if the non-insured cost is lower than the insured cost, a non-insured message **126** is sent to app **122**, and if the insured cost is lower than the non-insured cost, an insured message **126** is sent to app **122**. Message **126** may include a recommendation for patient **106** to pay with the insured or non-insured cost, as appropriate. Server **120** sends a message **128** including a download link and/or an invitation code to mobile device **123** of patient **106**. Message **126** may include a link to download app **122** and an invitation code that links patient **106** to their determined insurance data **124** for app **122**. Message **126** may further include determined insurance data **124** and the patient identification data from prescription **102**.

Once patient **106** downloads app **122** and app **122** is initialized, app **122** displays prescription transaction details **130** to patient **106**. Transaction details **130** may include determined insurance data **124**, determined patient data, and message **126** that corresponds to a non-insured transaction or an insurance transaction. Patient **106** reviews and/or edits transaction details **130** on mobile device **123** and authorizes app **122** to fulfill prescription **102**. Patient **106** may input payment information (e.g., credit/debit card information, Apple/Google Pay ID, PayPal information, etc.) to app **122** for the non-insured cost or insured cost of prescription **102**. That is, confirmed transaction details and authorization **132** are input by patient **106** into app **122** and transmitted onto server **120**.

In some embodiments, app **122** may further be configured to provide patient **106** with real-time suggestions built upon data from all patients **106** using app **122** and predictive modelling. That is, app **122** gathers data from patients **106** who use app **122** and can predict patient **106** behavior based on the gathered data. For example, app **122** may predict that most patients within a demographic similar to patient **106** usually pay the non-insured cost for prescription **102**, and adjust its recommendations accordingly (e.g., app **122** may display the non-insured cost more prominently and/or display that most patients pay the non-insured cost when the non-insured cost is displayed). Further, app **122** may further be configured to provide support for patient **106** during their titration period (e.g., finding the right dosage of prescription **102** for patient **106** through trial and error) and may include a function that tracks symptom relief. App **122** may also be

configured to engage and motivate patient **106** to remain compliant with prescription **102** and also may provide training information (e.g. videos, tutorials) on how to administer the prescription **102**. For example, app **122** may send reminders to patient **106** to take their prescription at a certain time every day. Further, app **122** may remind patient **106** to remain compliant with HCP visits and also allow patients to connect with and interact with other patients taking the prescription **102** which may also increase patient compliance and/or adherence. App **122** may also be configured to offer financial incentives to patient **106**, which may include, for example, variable pricing for prescription **102** and copay assistance for HCP **104** for patient **106**.

In some embodiments, app **122** may further be configured to identify and display utilization management controls that affect patient **106**. Utilization management controls include, for example, controls set in place by HCP **104**, insurance provider **138**, and/or pharmacy benefit managers within healthcare systems to keep healthcare costs low. For example, a utilization management control that affects patient **106** may be that their health insurance provider offers a very low insured cost for the first filling of prescription **102** and then raises the insured cost for patient **106** when prescription **102** is refilled. App **122** may notify patient **106** of the insured cost raise and/or instruct patient **106** to pay the non-insured cost for prescription **102** as soon as they are prescribed prescription **102** from HCP **104**.

In the exemplary embodiment, server **120** processes payment information and/or an insurance claim for prescription **102**. Specifically, in processing payment information, server **120** uses the payment information entered by patient **106** and processes the payment accordingly (e.g., charging a credit/debit card, deducting funds from a PayPal account, withdrawing funds from a healthcare savings account, etc.). When patient **106** pays the non-insured cost, server **120** processes the payment transaction without filing an insurance claim or interacting with an insurance provider **138**. In processing insurance claims, server **120** may complete claim paperwork for the determined insurance provider of patient **106**, communicate directly with the determined insurance provider to identify whether prescription **106** is covered by the provider, the cost of coverage, and any other conditions such as utilization management controls, and/or prepare the insurance claim for filing with the insurance provider. Payment details and/or insurance claims **134** are sent to pharmacy **108** for processing so that pharmacy **108** may start filling prescription **102** for patient **106**. In an example embodiment, pharmacy **108** may send a processed claim **136** to insurance provider **138** as it is filling prescription **102**. That is, in an example embodiment, prescription fulfillment system **112** initiates claim **136** adjudication and payment processing, but pharmacy **108** and/or a pharmacy management system associated with pharmacy **108** completes the claims adjudication and payment processing. In other embodiments, server **120** may send processed claim **136** to insurance provider **138** as server **120** sends processed claim **136** to pharmacy **108**. Accordingly, based on a single selection by patient **106** in app **122** (i.e., "one-click"), all information (e.g., confirmed details and authorization **132**) of patient **106** necessary for prescription **102** to be fulfilled is sent to server **120** and then pharmacy **108** and/or insurance provider **138**, as appropriate. Thus, prescription fulfillment system **112** greatly reduces the number of interactions between patient **106** and HCP **104**, pharmacy **108**, and insurance provider **138**.

In the exemplary embodiment, pharmacy **108** is a direct-to-patient pharmacy. That is, pharmacy **108** processes pay-

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ment details and/or insurance claims 134, fills prescription 102, and mails 140 a filled prescription 142 to patient 106 without patient 106 having to directly interact with pharmacy 108 and/or go to a physical pharmacy location. Patient 106 receives prescription 102 with little to no contact with pharmacy 108, unlike known systems described above where many interactions between pharmacy 108 and patient 106 are required before patient 106 receives prescription 102. In other embodiments, pharmacy 108 may have a brick and mortar location, and patient 106 may have to pick up filled prescription 142 from the brick and mortar location. In an example embodiment, pharmacy 108 sends server 120 prescription filling status updates 144. Server 120 then sends status updates 144 to app 122, and app 122 displays status updates 144 to patient 106. Status updates 144 may include notifying patient 106 that prescription 102 has been received by pharmacy 108, that prescription 102 is being filled by pharmacy 108, that filled prescription 142 is being mailed by pharmacy 108, and mailing details (e.g., tracking number, estimated arrival time, etc.) of filled prescription 142. In other embodiments, pharmacy 108 may send status updates 144 directly to patient 106.

FIG. 2 is a flow chart of an example embodiment of a process 200 for renewing a previously filled prescription 102. In the exemplary embodiment, a renewal request 202 to refill prescription 102 is sent to HCP 104.

In the exemplary embodiment, HCP 104 confirms renewal request 202 and sends a confirmation 204 to pharmacy 108. Pharmacy 108 then sends prescription 102 and patient profile 103 to prescription fulfillment system 112 for processing. As described above with respect to FIG. 1, server 120 determines the lowest cost for patient 106 for prescription 102. In the exemplary embodiment, server 120 compares a current determined cost for patient 106 to a previous cost for patient 106 to determine 206 if the cost for patient 106 has changed. If there is no change 208 in the cost, payment details and/or insurance claims 134 are sent to pharmacy 108, and prescription 102 is filled in substantially the same way as described with respect to FIG. 1. If there is a change 210 in the cost (e.g., patient 106 reaches an insurance deductible, a new year starts so the insurance deductible must be reached again, patient 106 gets new insurance, coupons/rebates/discounts are discontinued, coupons/rebates/discounts are higher, etc.), the prescription 102 transaction is reauthorized and confirmed by patient 106.

Once patient 106 authorizes and confirms the change of cost in prescription 102, the filling of a refill prescription 102 is substantially similar to the filling of prescription 102, as described in FIG. 1. In the exemplary embodiment, a new insured/non-insured message 212 is sent to app 122. App 122 then displays new transaction details 214 on mobile device 123 of patient 106, and patient 106 inputs a confirmation 216 of transaction details 214 into app 122 on mobile device 123. Confirmed details and authorization 218 are sent to server 120, and updated payment details and/or insurance claims 220 are sent to pharmacy 108. Pharmacy 108 sends a new processed claim 222 to insurance provider 138. Further, pharmacy 108 mails 140 filled refill prescription 224 to patient 106 and may send prescription status updates 144 to patient 106 via app 122.

FIG. 3 is a simplified block diagram of one embodiment of a prescription fulfillment system 300 that includes a server system 302. Server system 302 includes a database server 304 and a database 306 in communication with server system 302. In some embodiments, server system 302 may be similar to server 120 (shown in FIG. 1), and database 306 may be associated with data aggregator 118 (shown in FIG.

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1) and/or may store insurance data 124 (shown in FIG. 1) and transaction details 130 (shown in FIG. 1). System 300 further includes a plurality of client subsystems, also referred to as client systems 308 or client computing devices, connected to server system 302. In some embodiments, client systems 308 may be similar to mobile device 123 of patient 106 (shown in FIG. 1). Further, client systems 308 may be computing devices of healthcare providers 104 (shown in FIG. 1) and/or computing devices of pharmacy 108 (shown in FIG. 1). In one embodiment, client systems 308 are computers including a web browser, such that server system 302 is accessible to client systems 308 using the Internet or another network. Client systems 308 are interconnected to the Internet or another network through many interfaces including a network, such as a local area network (LAN) and/or a wide area network (WAN), dial-in connections, cable modems, wireless-connections, and special high-speed ISDN lines. Client systems 308 may be any device capable of interconnecting to the Internet including a web-based phone, personal digital assistant (PDA), watch, medical device, kiosk, laptop computer, desktop computer, netbook, tablet, phablet, or other web-connectable equipment. System 300 further includes an insurance system 310 or insurance computing device in communication with server system 302. In some embodiments, insurance system 310 may be associated with insurance provider 138 (shown in FIG. 1).

Database server 304 is connected to database 306 containing information on a variety of matters, as described herein in greater detail. In one embodiment, database 306 is stored on server system 302 and may be accessed by potential users at one of client systems 308 by logging onto server system 302 through one of client systems 308. In an alternative embodiment, database 306 is stored remotely from server system 302 and may be non-centralized (e.g., in a cloud computing configuration). Server system 302 could be any type of computing device configured to perform the steps described herein. As described herein, server system 302 collects and stores data from a plurality of data sources in database 306 and distributes the data to client systems 308 and insurance system 310 to fulfill a prescription.

FIG. 4 illustrates an example configuration of a user computing device 402 operated by a user 401. In some embodiments, user 401 may be HCP 104 and/or patient 106 (shown in FIG. 1). User computing device 402 may include, but is not limited to, mobile device 123 (shown in FIG. 1) and client systems 308 (shown in FIG. 3).

User computing device 402 includes one or more processors 405 for executing instructions. In some embodiments, executable instructions are stored on one or more memory devices 410. Processor 405 may include one or more processing units (e.g., in a multi-core configuration). One or more memory devices 410 are any one or more devices allowing information such as executable instructions and/or other data to be stored and retrieved. One or more memory devices 410 may include one or more computer-readable media.

User computing device 402 also includes at least one media output component 415 for presenting information to user 401. Media output component 415 is any component capable of conveying information to user 401. In some embodiments, media output component 415 includes an output adapter such as a video adapter and/or an audio adapter. An output adapter is operatively coupled to processor 405 and operatively coupleable to an output device such as a display device (e.g., a liquid crystal display (LCD), organic light emitting diode (OLED) display, cathode ray

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tube (CRT), or “electronic ink” display) or an audio output device (e.g., a speaker or headphones).

In some embodiments, user computing device **402** includes an input device **420** for receiving input from user **401**. Input device **420** may include, for example, a keyboard, a pointing device, a mouse, a stylus, a touch sensitive panel (e.g., a touch pad or a touch screen), a gyroscope, an accelerometer, a position detector, or an audio input device. A single component such as a touch screen may function as both an output device of media output component **415** and input device **420**.

User computing device **402** may also include a communication interface **425**, which is communicatively coupleable to a remote device such as server system **202**. Communication interface **425** may include, for example, a wired or wireless network adapter or a wireless data transceiver for use with a mobile phone network (e.g., Global System for Mobile communications (GSM), 3G, 4G or Bluetooth) or other mobile data network (e.g., Worldwide Interoperability for Microwave Access (WIMAX)).

Stored in one or more memory devices **410** are, for example, computer-readable instructions for providing a user interface to user **401** via media output component **415** and, optionally, receiving and processing input from input device **420**. A user interface may include, among other possibilities, a web browser and client application. Web browsers enable users, such as user **401**, to display and interact with media and other information typically embedded on a web page or a website from server system **302** (shown in FIG. 3). A client application allows user **401** to interact with a server application from server system **302** or a web server.

FIG. 5 illustrates an example configuration of a server computing device **452** such as server **120** (shown in FIGS. 1 and 2) and server system **302** (shown in FIG. 3). Server computing device **452** may include, but is not limited to, database server **304**. Server computing device **452** is also representative of insurance computing device **310** (shown in FIG. 3).

Server computing device **452** includes one or more processors **454** for executing instructions. Instructions may be stored in one or more memory devices **456**, for example. One or more processors **454** may include one or more processing units (e.g., in a multi-core configuration).

One or more processors **454** are operatively coupled to a communication interface **458** such that server computing device **452** is capable of communicating with a remote device such as data source computing device **402** or another server computing device **452**. For example, communication interface **458** may receive requests from client systems **308** via the Internet or another network, as illustrated in FIG. 3.

One or more processors **454** may also be operatively coupled to one or more storage devices **460**. One or more storage devices **460** are any computer-operated hardware suitable for storing and/or retrieving data. In some embodiments, one or more storage devices **460** are integrated in server computing device **452**. For example, server computing device **452** may include one or more hard disk drives as one or more storage devices **460**. In other embodiments, one or more storage devices **460** are external to server computing device **452** and may be accessed by a plurality of server computing devices **452**. For example, one or more storage devices **460** may include multiple storage units such as hard disks or solid state disks in a redundant array of inexpensive disks (RAID) configuration. One or more storage devices **460** may include a storage area network (SAN) and/or a

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network attached storage (NAS) system. In some embodiments, one or more storage devices **460** may include database **306** (shown in FIG. 3).

In some embodiments, one or more processors **454** are operatively coupled to one or more storage devices **460** via a storage interface **462**. Storage interface **462** is any component capable of providing one or more processors **454** with access to one or more storage devices **460**. Storage interface **462** may include, for example, an Advanced Technology Attachment (ATA) adapter, a Serial ATA (SATA) adapter, a Small Computer System Interface (SCSI) adapter, a RAID controller, a SAN adapter, a network adapter, and/or any component providing one or more processors **454** with access to one or more storage devices **460**.

One or more memory devices **410** and **456** may include, but are not limited to, random access memory (RAM) such as dynamic RAM (DRAM) or static RAM (SRAM), read-only memory (ROM), erasable programmable read-only memory (EPROM), electrically erasable programmable read-only memory (EEPROM), and non-volatile RAM (NVRAM). The above memory types are example only, and are thus not limiting as to the types of memory usable for storage of a computer program.

FIG. 6 depicts a diagram **600** of components of one or more exemplary computing devices **610** that may be used in process **100** (shown in FIG. 1), process **200** (shown in FIG. 2), and system **300** (shown in FIG. 3). In some embodiments, computing device **610** may be used to implement back-end **114** of prescription fulfillment system **112** (shown in FIG. 1) and/or server system **302** (shown in FIG. 3). Database **620** may be coupled with several separate components within computing device **610**, which perform specific tasks. In this embodiment, database **620** may include insurance data **622** (which may be similar to insurance data **124** shown in FIG. 1), prescription data **624** (which may be related to prescription **102** shown in FIG. 1), patient/payment data **626** (which may be data and payment data, for example, payment card account details, online payment account details, etc., associated with patient **106** shown in FIG. 1), and cost data **628** (which may be associated with determined insurance and non-insured costs, as described with respect to FIG. 1). In some embodiments, database **620** is similar to database **306** (shown in FIG. 3).

Computing device **610** may include the database **620**, as well as data storage devices **630**. Computing device **610** may also include a communication component **640** for transmitting and receiving data between HCP **104**, patient **106**, pharmacy **108**, back-end **114**, app **122**, and insurance provider **138** (all shown in FIG. 1). Computing device **610** may further include a comparing component **650** for determining if non-insured cost or Insured cost is lower. A processing component **660** may assist with execution of computer-executable instructions associated with the system, including processing insurance claims and prescription transactions.

FIG. 7 illustrates an example data flow to and from various components in process **100** shown in FIG. 1. In the example embodiment, data aggregator **118** is a data platform that receives benefits data (e.g., prescription benefits data and/or medical benefits data) and medication history (e.g., fill history) data. This data may be received from insurance providers (like insurance provider **138** shown in FIG. 1), pharmacy benefits managers (PBMs) and/or other data sources. Data aggregator **118** may be a comprehensive report platform that provides a range of services, including a secure, reliable, scalable, and HIPAA compliant reports system. Data aggregator **118** determines pharmacy eligibil-

ity information, pharmacy benefits information, medical benefits information, and medication history information for patients. In the example embodiment, data aggregator **118** translates raw data from a source and delivers the data to various applications via server **120**. The benefits data and medication history data may be provided in any suitable format.

Using data for a particular patient, server **120** may, for example, determine an insurance provider, calculate an insured and a non-insured drug cost for the patient, and compare the insured and non-insured drug costs, as described in detail above. The calculated drug costs may be determined in response to a prescription for a specific drug written for patient by HCP **104**. The request may be a web-based request transmitted from a remote user computing device to server **120** over the Internet. Server **120** may also be configured to perform a data quality and a data accuracy check of the data of data aggregator **118** to check the data for inconsistencies and/or inaccuracies. For example, data received from data aggregator **118** may be checked for accuracy by comparing it against data previously stored by server **120**. In another example, data received from data aggregator **118** may be checked to ensure it matches a desired format (e.g., ensuring a drug cost value is for a predetermined time interval, such as thirty days, and not for a different time interval, such as ninety days). Further, in addition to the functions described above, server may use machine learning techniques to compile metadata regarding coverage of a prescription product for different insurance companies.

Data generated by server **120** may then be provided to HCP **104**, patient application **122**, and/or pharmacy **108**. For example, for a particular patient and prescription product, app **122** may receive and display patient registration details, patient personal and/or insurance details, a patient cost, a non-insured or insured message, and medication history. Additionally, data generated by HCP **104**, app **122**, and/or pharmacy **108** may provide server **120** with the generated data. For example, pharmacy **108** may provide server **120** with prescription status information. Server **120** may store the data and/or provide the received data to other users HCP **104**, app **122**, and/or pharmacy **108**.

The following is an example of determining a payment method for a specific patient. FIG. **8** shows a flow diagram generally corresponding to process **100**, illustrated in FIG. **1**. The following steps are performed by server **120** (shown in FIG. **1**) in the example embodiment. In response to a prescription from an HCP (e.g., HCP **104** shown in FIG. **1**), a patient cost estimate is initiated **802**, and server **120** receives **804** insurance benefits and non-insured cost from a data source (e.g., data aggregator **118** shown in FIG. **1**).

If the insurance benefits are not received **804** because of insufficient insurance information, server **120** sends **816** an image request message to the patient. The image request message prompts the patient to acquire an image of their insurance and/or prescription card (e.g., using their mobile computing device). Then server **120** may determine **818** the insurance benefits and non-insured cost based on the image.

Next, server **120** determines **806** an insured cost based on the received **804** or determined **818** insurance benefits for the specific patient. Server **120** then compares **808** the determined insured cost and the received non-insured cost for the patient.

Next, server **120** determines **810** whether the received non-insured cost is less than the determined insured cost. If the non-insured cost is lower than the insured cost, server **120** sends **812** a non-insured message to app **122** (as shown

and described in FIG. **1**). If the non-insured cost is higher than the insured cost, server **120** sends **814** an insured message to app **122** (as shown and described in FIG. **1**).

The following is an example of how a prescription refill is processed. FIG. **9** shows a flow diagram **900** generally corresponding to process **200**, illustrated in FIG. **2**. The following process is performed by server **120** (shown in FIG. **1**) in the example embodiment. In response to a request for a refill, refill transaction is initiated **904** and any updated insurance benefits and/or non-insured cost are received **906** from a data source (e.g., data aggregator **118** shown in FIG. **1**).

Next, server determines **908** if a previous patient cost has changed. If the previous patient cost has changed, server **120** sends **910** an authorization message to app **122** (as shown and described in FIG. **2**). If the previous patient cost has not changed, server **120** instructs **912** a pharmacy to fill the prescription as it did previously (as shown and described in FIG. **2**).

FIG. **10** illustrates a flow chart of an exemplary computer-implemented method **1000** for fulfilling a prescription. Method **1000** may be carried out by prescription fulfillment system **112** (shown in FIG. **1**).

In the exemplary embodiment, method **1000** includes receiving **1002** a prescription request including patient data. This patient data may be received **1002** by server **120** (shown in FIG. **1**) from data aggregator **118** (shown in FIG. **1**). Further, method **1000** includes determining **1004** insurance data for a patient, determining **1006** a insured cost, and determining **1008** a non-insured cost based on the received **1002** patient data.

In the exemplary embodiment, method **1000** further includes comparing **1010** the insured cost and the non-insured cost. If the insured cost is lower, method **1000** includes sending **1012** an insured message and subsequently processing **1014** an insurance claim and payment transaction. If the non-insured cost is lower, method **1000** includes sending **1016** a non-insured message and processing **1018** a payment transaction. In either case, the messages may be sent **1012**, **1016** to app **122** of mobile device **123** of patient **102**.

Method **1000** further includes transmitting **1020** information to a pharmacy (e.g., pharmacy **108** shown in FIG. **1**) for further processing. Transmitting **1020** information to the pharmacy may cause the pharmacy to send an insurance claim (e.g., insurance claim **136** shown in FIG. **1**) to an insurance provider (e.g., insurance provider **138**), mail a filled prescription (e.g., filled prescription **142**) to the patient (e.g., patient **106**), and/or provide the prescription fulfillment system with status updates (e.g., status updates **144**) of the prescription.

FIGS. **11-36** include screenshots of one example embodiment of a patient application (e.g., “Drug X Select Program”) as part of a prescription fulfillment system (e.g., prescription fulfillment system **112** shown in FIG. **1**). For example, the patient application may be app **122** (shown in FIG. **1**). The patient application may be accessible on any suitable electronic device, such as a mobile phone, tablet, watch, or any other computing device. The patient application enables a patient to log-in, see a determined lowest cost for a prescription (e.g., a prescription for “Drug X”), authorize the filling of the prescription, and provide payment details. In some embodiments, the patient application may enable the patient subscribe to medication reminders and/or updates via email, phone, and/or text.

The patient application may be configured to communicate with various other software and/or applications on the

patient's computing device. For example, the patient application may be able to access or otherwise communicate with payment applications (e.g., Apple/Google Pay and/or PayPal) and/or calendar applications. The patient application may be configured to retrieve data from and/or report data to these other applications. In addition, the patient application may be configured to track, monitor, and/or record application utilization metrics for the patient, such as how often the patient accesses the patient application, and the various features of the patient application used by the patient.

In one embodiment, the patient application, once downloaded onto the patient's computing device, may not require internet connectivity to perform some or all of the functionality of the patient application (e.g., setting alerts and notifying the patient with those alerts). In some embodiments, all or a portion of the data input by the patient into the patient application (including, for example, application utilization metrics, refill logs, etc.) may be electronically transmitted to a server (e.g., server 120) for processing, and the processed data may be transmitted for further processing and/or display by the patient application.

FIG. 11 illustrates a text message screen 1100 including a first text message 1102 and a second text message 1104. Text message screen 1100 includes instructions for downloading the patient application and is therefore outside of the patient application. That is, text message screen 1100 is displayed on a mobile device of the patient prior to the patient downloading the patient application and is not part of the patient application itself. First text message 1102 includes a link 1106 for downloading the patient application. Second text message 1104 includes an invitation code 1108 that is specific to the patient and links the patient application to the personalized patient data. The text may be sent from a healthcare provider, a pharmacy, and/or a server of the prescription fulfillment device.

FIG. 12 illustrates a registration page 1200 for the patient application. Registration page 1200 includes a first field 1202 for the patient to enter their invitation code (e.g., invitation code 1108 from second text message 1104) and a second field 1204 for the patient to enter their date of birth. Registration page 1200 further includes a confirm button 1206 that may be distorted, grayed out, and/or unable to be clicked until the patient enters valid information into first and second fields 1202 and 1204. Once confirm button 1206 is clicked, the patient application displays a detail confirmation page 1400 as illustrated in FIG. 14.

The patient application includes an app header 1208 and an app footer 1210. Although not specifically shown, app header 1208 may include a home button, a back button, and any other buttons to help the patient navigate the patient application. Further, although not specifically shown, app footer 1210 may include a help button (e.g., that leads the patient to app support).

FIG. 13 illustrates an error page 1300 if the information provided by the patient in first and second fields 1202 and 1204 is invalid and/or incorrect. Error page 1300 includes an error message 1302 indicating that the patient's information could not be found. Error page 1300 also includes a resend code button 1304 that, when pressed by the patient, will resend invitation code 1108 via text message and start the patient over at the beginning of the registration process (e.g., text message screen 1100). Additionally or alternatively, error page 1300 includes a camera message 1306 indicating that the patient may share their information by taking a picture of their insurance/prescription card. Error page 1300 includes a camera button 1308 that, when pressed by the patient, will actuate the camera (not specifically shown) of

the mobile device so that the patient may take a picture of their insurance/prescription card. Once the picture is taken, the patient application will continue the registration of the patient and displays detail confirmation page 1400 as illustrated in FIG. 14.

FIG. 14 illustrates detail confirmation page 1400 with a prompt 1402 instructing the patient to edit and confirm details. Detail confirmation page 1400 includes fields 1404, 1406, 1408, 1410, 1412, 1414, 1416, and 1418. In the example embodiment, fields 1404, 1406, 1408, 1410, 1412, 1414, 1416, and 1418 are pre-filled by the patient application based on the information provided by the patient entering invitation code 1108 into registration screen 1200. In other embodiments, fields 1404, 1406, 1408, 1410, 1412, 1414, 1416, and 1418 may be empty, requiring the patient to fill in each of fields 1404, 1406, 1408, 1410, 1412, 1414, 1416, and 1418. In the exemplary embodiment, a first field 1404 relates to patient first name, a second field 1406 relates to patient last name, a third field 1408 relates to patient date of birth, a fourth field 1410 relates to address line 1 of the address of the patient, a fifth field 1412 relates to address line 2 of the address of the patient, a sixth field 1414 relates to patient zip code, and a seventh field 1416 relates to patient state. In other embodiments, fields 1404, 1406, 1408, 1410, 1412, 1414, 1416, and 1418 may relate to any identifying patient information. The patient may edit any of fields 1404, 1406, 1408, 1410, 1412, 1414, 1416, and 1418 if the information is missing and/or incorrect. Once fields 1404, 1406, 1408, 1410, 1412, 1414, 1416, and 1418 are correctly filled, the patient may press a confirm button 1418 to cause the patient application to display an insurance details screen 1500 as illustrated in FIG. 15 or a terms of use screen 1600 as illustrated in FIG. 16.

FIG. 15 illustrates insurance details screen 1500. Like fields 1404, 1406, 1408, 1410, 1412, 1414, 1416, and 1418 of detail confirmation page 1400, a field 1502 may be already filled out by the patient application or the patient may need to fill out field 1502. In the exemplary embodiment, field 1502 is a picture of a health insurance card of the patient. If field 1502 is not automatically filled out by the patient application, field 1502 may prompt the patient to take a picture of their health insurance card and/or fill out the information from the health insurance card manually. Once field 1502 is filled out and correct, the patient may press a confirm button 1504 to cause the patient application to display terms of use screen 1600.

FIG. 16 illustrates terms of use screen 1600 that prompts users to read and accept terms of use. Terms of use screen 1600 includes a "Terms of Use" header 1602 and a message 1604 indicating the terms of use. Terms of use screen 1600 also includes an accept button 1606 that, when pressed by the patient, confirms that the patient has read and accepted the terms of use, and causes the patient application to display one of message screens 1700, 1800, 1900, 2000, 2100, 2200, 2300, and 2400.

FIG. 17 illustrates a first message screen 1700. First message screen 1700 includes a message 1702 that informs the patient that their insurance covers Drug X for \$25 for a 30 day supply. First message screen 1700 is shown to the patient when the insured cost is determined to be the lowest cost of Drug X for the patient, as described above in detail. First message screen 1700 includes a next button 1704 that causes the patient application to display an authorization screen 2500 as illustrated in FIG. 25.

FIG. 18 illustrates a second message screen 1800. Second message screen 1800 includes a first message 1802 that indicates insurance covers Drug X for \$40 for a 30 day



supply, and a message **1804** that Drug X Select offers Drug X for \$35 for a 30 day supply. Messages **1802** and **1804** are shown to the patient when the non-insured cost is determined to be the lowest cost of Drug X for the patient, as described above in detail. Second message screen **1800** includes a next button **1806** that causes the patient application to display authorization screen **2500** illustrated in FIG. **25**.

FIG. **19** illustrates a third message screen **1900**. Third message screen **1900** includes a first message **1902** that insurance covers Drug X for \$25 for a 30 day supply, a second message **1904** that the patient will be required to transition to a mandated pharmacy after a grace fill where Drug X will cost \$40 for a 30 day supply, and a third message **1906** that Drug X is available through Drug X Select for \$35 for a 30 day supply. Messages **1902**, **1904**, and **1906** are shown to the patient when it is determined that while the insured cost appears to be lower initially, it will cost more than the non-insured cost of Drug X over time. Message screen **1900** includes a next button **1908** that causes the patient application to display authorization screen **2500** illustrated in FIG. **25**.

FIG. **20** illustrates a fourth message screen **2000** that includes options for the patient to choose from. Fourth message screen **2000** includes a first message **2002** that the patient can get Drug X for the cash price of \$35, a second message **2004** that the patient can get Drug X through their insurance provider for \$10, and a third message **2006** that the prescription can be transferred to the patient's preferred pharmacy. First message **2002** is accompanied by a first check box **2008**, second message **2004** is accompanied by a second check box **2010**, and third message **2006** is accompanied by a third check box **2012**. When the patient decides which option contained in messages **2002**, **2004**, **2006** is the option they want to choose, they press the corresponding check box **2008**, **2010**, **2012**. For example, if the patient wants their prescription transferred to their preferred pharmacy (e.g., the option contained in message **2006**), the patient checks third check box **2012**. Further, fourth message screen **2000** includes a next button **2014**. Pressing the next button causes the patient application to display the next appropriate screen based on check box **2008**, **2010**, **2012** that was checked by the patient. Specifically, if first check box **2008** or second check box **2010** is checked by the patient, pressing the next button causes the patient application to display authorization screen **2500** illustrated in FIG. **25**. If third check box **2012** is checked by the patient, pressing the next button may cause the patient application to display a message (not specifically shown) that the patient application has successfully transferred the prescription to the patient's preferred pharmacy.

FIG. **21** illustrates a fifth message screen **2100**. Fifth message screen **2100** includes a first message **2102** that the patient can get Drug X for a cash price of \$35 and a second message **2104** that the patient can get Drug X through their insurance provider for \$35. That is, fifth message screen **2100** shows that the cash price (e.g., the non-insured cost) and the insured cost are the same. Accordingly, fifth message screen **2100** also includes a first check box **2106** that accompanies first message **2102** and a second check box **2108** that accompanies second message **2104**. Once the patient decides which option contained in messages **2102** and **2104** is the option they wish to choose, they can select the corresponding check box **2106** or **2108**. For example, if the patient wants to pay cash for the prescription (the option contained in first message **2102**), they select check box **2106**. Further, fifth message screen **2100** includes a next

button **2110** that, when selected, causes the patient application to display authorization screen **2500** illustrated in FIG. **25**.

FIG. **22** illustrates a sixth message screen **2200**. Sixth message screen **2200** includes a first message **2202**, a second message **2204**, and a third message **2206**. First message **2202** includes information about the patient's deductible and how much of the deductible the patient has paid. Second message **2204** includes that the patient can get Drug X for a cash price of \$10, and third message **2206** includes that the patient can get Drug X through their insurance provider for \$35. Second message **2204** is accompanied by a first check box **2208**, and third message **2206** is accompanied by a second check box **2210**. The information included in first message **2202** may come from a data aggregator (e.g., data aggregator **118**, shown in FIG. **1**) and may be included in the patient application to help the patient make an informed decision about their payment choice. For example, the cost included in second message **2204** is lower than the cost included in third message **2206**, but the cost included in third message **2206** would be applied to the patient's deductible. Since first message **2202** includes information about the patient's deductible, the patient may decide that they will likely reach their deductible and choose to pay the cost included in third message **2206** even though the cost included in second message **2204** is cheaper initially. Other patients may decide that they will likely not reach their deductible and choose to pay the lower cost included in second message **2204**. Sixth message **2200** also includes a next button **2212** that, when selected, causes the patient application to display authorization screen **2500**.

In other embodiments, the patient application is only configured to accept cash payments and does not run any prescriptions through insurance. In these embodiments, the patient application displays confirmation page **1400**. Subsequently, when confirm button **1418** is selected, the patient application displays terms of use screen **1600**, and then, when accept button **1606** is selected, the patient application displays a seventh message screen **2300** as shown in FIG. **23**. Seventh message screen **2300** includes a message **2302** that informs the patient of a price of Drug X for a predetermined formulation (Y mg) for a 30 day supply. Seventh message screen **2300** is shown to the patient when the lowest possible cash cost (e.g., including manufacturer coupons, etc.) is determined, as described above in more detail. Seventh message screen **2300** includes a next button **2304** that causes the patient application to display an eighth message screen **2400** as illustrated in FIG. **24** or authorization screen **2500**.

FIG. **24** illustrates eighth message screen **2400** that includes options for the patient to choose from. Eighth message screen **2400** includes a first message **2402** that the patient can get Drug X for the cash price of \$35 and a second message **2404** that the prescription can be transferred to the patient's preferred pharmacy. First message **2402** is accompanied by a first check box **2406**, and second message **2404** is accompanied by a second check box **2408**. When the patient decides which option contained in messages **2402**, **2404** is the option they want to choose, they select the corresponding check box **2406**, **2408**. Further, eighth message screen **2400** includes a next button **2410**. Pressing the next button causes the patient application to display the next appropriate screen based on the check box **2406** or **2408** that was checked by the patient. Specifically, if first check box **2406** is checked by the patient, selecting the next button causes the patient application to display authorization screen **2500** illustrated in FIG. **25**. If second check box **2408** is

checked by the patient, selecting the next button may cause the patient application to display a message (not specifically shown) that the patient application has successfully transferred the prescription to the patient's preferred pharmacy.

FIG. 25 illustrates authorization screen 2500. Authorization screen 2500 includes a message 2502, a statement 2504, and a check box 2506. Message 2502 includes an explanation that the patient authorizes the patient application to send a note to a pharmacy indicating that the prescription for the patient should be filled. Statement 2504 includes an explicit statement that the patient authorizes the dispense of Drug X accompanied by check box 2506. By checking check box 2506, the patient authorizes the dispensing of Drug X using the patient application. Authorization screen 2500 includes an accept button 2508 that causes the patient application to display a payment method screen 2600.

FIG. 26 illustrates payment method screen 2600. Payment method screen 2600 includes field 2602 for the patient to determine which payment method they want to use for the insured and/or non-insured cost for Drug X. For example, even though the patient pays the insured cost for Drug X, the patient may need to cover their out of pocket cost. In the exemplary embodiment, field 2602 may include, for example, Apple Pay, Visa, MasterCard, and debit as payment methods. In other embodiments, field 2602 may include PayPal account payments, Google Pay, and any other applicable payment method. The patient may select their payment method from field 2602 and hit a next button 2604 that causes the patient application to display a payment details screen 2700.

FIG. 27 illustrates payment details screen 2700. Payment details screen 2700 includes a field 2702 for the patient to fill out their payment details. In the example embodiment, field 2702 relates to credit card information. In other embodiments, field 2702 may relate to signing into an Apple Pay account and providing debit card information. The patient may hit a next button 2704 to cause the patient application to display a payment decline screen 2800 or a confirmation screen 2900.

FIG. 28 illustrates payment decline screen 2800. If the patient inputs invalid and/or incorrect information into payment details screen 2700, payment decline screen 2800 is displayed on the patient application. Payment decline screen 2800 includes a first message 2802 indicating that the payment information entered was declined. Payment decline screen 2800 also includes a next button 2804 that, when pressed, causes the patient application to display payment details screen 2800 so that the patient can correct the payment details.

FIG. 29 illustrates confirmation screen 2900. If the payment details entered by the patient in payment details screen 2700 are approved, confirmation screen 2900 is displayed by the patient application. Confirmation screen 2900 includes fields 2902, 2904, and 2906. A first field 2902 includes Drug X information and cost information to be confirmed from one of message screens 1700, 1800, 1900, 2000, 2100, 2200, 2300, 2400. A second field 2904 includes billing information to be confirmed from payment details screen 2700. A third field 2906 includes shipping information to be confirmed from confirmation page 1400. Each of fields 2902, 2904, and 2906 is accompanied by an edit button 2908 that allows the patient needs to go back and update information in fields 2902, 2904, and 2906. If edit button 2908 is selected, the patient application will display one of respective screens 1400 and 2700 so that patient may edit the applicable fields. The patient may finalize the transaction by hitting a submit button 2910. Once the transaction is finalized, the patient

application sends the transaction details to the pharmacy, as described above in further detail. In some embodiments, submit button 2910, when selected, causes the patient application to display a tracking screen 3000 or a current prescriptions screen 3100.

FIG. 30 illustrates tracking screen 3000. Tracking screen 3000 includes a status bar 3002 and a first message 3004. Status bar 3002 shows the status of the current prescription. For example, status bar 3002 may include a processing bubble, a shipping bubble, and a complete bubble. The processing bubble may be filled in once the current prescription order is submitted and being processed. The shipping bubble may be filled in once the current prescription order is shipped. The complete bubble may be filled in once the prescription has been delivered. First message 3004 includes additional order information including, for example, a shipping tracking number once the prescription has been shipped, an estimated delivery date once the prescription has been shipped, the delivery address, or any other information relating to the prescription order.

FIG. 31 illustrate current prescription screen 3100. Current prescription screen 3100 includes a message 3102 associated with multiple different prescriptions and the statuses of the different prescriptions. Message 3102 may include, for example, the prescriptions and the respective dosages of the prescriptions, a date when each prescription was prescribed, and how many refills are remaining for each prescription.

FIG. 32 illustrates a first refill message screen 3200. First refill message screen 3200 includes a message 3202 indicating that a refill of the patient's prescription is a new titration dose and that the cost has changed. First refill message screen 3200 includes a next button 3204 that, when selected, may cause the patient application to display any of message screens 1700, 1800, 1900, 2000, 2100, 2200, 2300, 2400, a second refill message screen 3300, a third refill message screen 3400, or a fourth refill message screen 3500.

FIG. 33 illustrates second refill message screen 3300. Second refill message screen 3300 includes a first message 3302 indicating that after processing the prescription, the cost of the prescription has changed, and a second message 3304 indicating that the new cost of Drug X is \$35 through Drug X Select. Second refill message screen 3300 also includes a next button 3306 that, when selected, may cause the patient application to display authorization screen 2500, third refill message screen 3400, or fourth refill message screen 3500.

FIG. 34 illustrates third refill message screen 3400. Third refill message screen 3400 is displayed by the patient application when the patient is enrolled to receive automatic refills of their prescription. Third refill message screen 3400 includes a message 3402. Message 3402 indicates whether the prescription of the patient is eligible for automatic refill, when the prescription will be refilled, and order details about the prescription including, for example, the address the prescription with ship to and a cost of the prescription. Third refill message screen 3400 is a dynamic screen that changes when a refill order has been placed, when there are no more refills, etc.

FIG. 35 illustrates fourth refill message screen 3500. Fourth refill message screen 3500 is displayed by the patient application when the patient is not enrolled in automatic refills of their prescription and therefore has to manually refill their prescription. Fourth refill message screen 3500 includes a message 3502. Message 3502 includes a notification indicating whether or not it is time for the prescription to be refilled. Fourth refill message screen 3500 also

includes an enrollment button that, when selected, causes the patient application to display an automatic refill enrollment screen (not specifically shown).

FIG. 36 illustrates an opt-out confirmation screen 3600 that may be displayed by the patient application when the patient wishes to opt-out of the Drug X Select program. Opt-out confirmation screen 3600 includes a first message 3602 asking the patient if they are sure that they want to opt-out of the Drug X Select program. Opt-out confirmation screen 3600 also includes a yes button 3604 and a back button 3606. If the patient selects yes button 3604, the patient application may be caused to display a screen (not specifically shown) indicating that the patient has successfully opted-out of the Drug X Select Program. If the patient selects back button 3606, the patient application may be caused to display, for example, registration screen 1200. Opt-out confirmation screen 3600 also includes a second message 3607 indicating that if the patient wishes to opt-in to the Drug X Select program again, that they should press a next button 3608. When selected, next button 3608 may cause the patient application to display, for example, registration screen 1200.

In other embodiments, the patient application may include additional features and functionality. For example, the patient application may present a user interface to the patient including an option for patient to view or input additional data (e.g., health information including allergies, a prescription list, medical history, etc. and notification preferences) to their profile. The patient application may additionally provide an option for the patient to view their insurance information and how their insurance impacts their prescription. For example, the patient may be able to view a benefits verification and/or prior authorization timeline or status. In one embodiment, a benefits verification may be performed substantially instantaneously from within the patient application. Such information may be accessed (e.g., retrieved or imported) from another source, including a data aggregator (e.g., data aggregator 118), for example. The patient application may also include tutorials (e.g., videos or picture descriptions) of how to administer the prescriptions and other compliance information.

The patient application may additionally enable prescription tracking and management through a user interface of the patient application. For example, the patient may use the patient application to order a prescription refill, set refill or delivery reminders, and/or view prescriber and/or pharmacy information. In some embodiments, the patient application activates a barcode scanner coupled to the computing device executing the patient application and scans a barcode on a received shipment of the medication. The patient application then transmits confirmation of receipt of the medication to a server computer, based on the scanned barcode. The patient application may further facilitate the ordering, tracking, and management of medication-related materials. For example, in some implementations, the patient application displays medication shipping data including a date that the medication was shipped, an expected delivery date, and a tracking number. This allows the patient to use the patient application to track shipments of the prescription product. Shipment tracking information displayed to the patient may be generated, for example, based on data in pharmacy data sources, such as those described herein.

As will be appreciated based on the foregoing specification, the above-described embodiments of the disclosure may be implemented using computer programming or engineering techniques including computer software, firmware, hardware or any combination or subset thereof, wherein the

technical effect of the systems and processes described herein is achieved by creating a network-based system for generating and analyzing longitudinal data profiles. Any such resulting program, having computer-readable code means, may be embodied or provided within one or more computer-readable media, thereby making a computer program product, e.g., an article of manufacture, according to the discussed embodiments of the disclosure. The computer-readable media may be, for example, but is not limited to, a fixed (hard) drive, diskette, optical disk, magnetic tape, semiconductor memory such as read-only memory (ROM), and/or any transmitting/receiving medium such as the Internet or other communication network or link. The article of manufacture containing the computer code may be made and/or used by executing the code directly from one medium, by copying the code from one medium to another medium, or by transmitting the code over a network.

This written description uses examples to disclose the embodiments, including the best mode, and also to enable any person skilled in the art to practice the disclosure, including making and using any devices or systems and performing any incorporated methods. The patentable scope of the embodiments is defined by the claims, and may include other examples that occur to those skilled in the art. Such other examples are intended to be within the scope of the claims if they have structural elements that do not differ from the literal language of the claims, or if they include equivalent structural elements with insubstantial differences from the literal language of the claims.

What is claimed is:

1. A system for fulfilling a prescription of a prescription product for a patient covered by an insurance provider, the system including at least one processor in communication with at least one memory device, the system communicatively coupled between a healthcare provider (HCP) computing device, a pharmacy computing device associated with a pharmacy, a patient computing device, and a plurality of insurance provider databases, wherein the at least one processor is programmed to:

- receive, from the HCP computing device, a prescription request including patient data relating to the patient;
- determine, in response to receiving the prescription request from the HCP computing device, the insurance provider of the patient based on the received patient data included in the prescription request;
- determine, in response to receiving the prescription request from the HCP computing device, by communicating with the plurality of insurance provider databases, an insured cost for the prescription for the patient, wherein the insured cost is a cost the patient will pay for the prescription when a claim is filed with the determined insurance provider;
- determine, in response to receiving the prescription request from the HCP computing device, a non-insured cost for the prescription for the patient, wherein the non-insured cost is a cost the patient will pay for the prescription without the claim being filed;
- perform a comparison of the insured cost to the non-insured cost to determine which cost is lower;
- determine, based on historical data for a plurality of other patients, predicted patient behavior data, wherein the predicted patient behavior data indicates whether the patient is likely to select the insured cost or the non-insured cost;
- generate, based on a combination of i) the comparison of the insured cost to the non-insured cost and ii) the predicted patient behavior data, a recommendation for

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the patient, wherein the recommendation recommends the patient select the insured cost or the non-insured cost;  
 cause the recommendation to be displayed to the patient;  
 if the patient selects, based on the recommendation, the insured cost;  
 transmit, to the patient computing device, a message to the patient including (i) a first payment transaction request prompting the patient to enter payment details for the insured cost, and (ii) an authorization prompt for the patient to authorize the filing of the insurance claim and a first payment transaction for the insured cost; and process the insurance claim and the first payment transaction for the insured cost upon authorization by the patient;  
 if the patient selects, based on the recommendation, the non-insured cost;  
 transmit, to the patient computing device, a second payment transaction request prompting the patient to enter payment details for the non-insured cost and authorize a second payment transaction for the non-insured cost; and process the second payment transaction for the non-insured cost upon authorization by the patient; and transmit the prescription to the pharmacy computing device for further processing.

2. The system of claim 1, wherein to determine the insured cost, the processor is configured to:  
 aggregate, using a data aggregator, insurance data from the plurality of insurance provider databases; and compare the patient data against the aggregated insurance data to determine the insured cost; and wherein to determine the non-insured cost, the processor is configured to retrieve, from a database, the non-insured cost, the non-insured cost taking into account at least one of a coupon, a rebate, and a discount.

3. The system of claim 2, wherein the processor is further configured to:  
 transmit a message to the patient computing device including a verification request that prompts the patient to verify the determined insurance provider; and transmit a message to the patient computing device notifying the patient of at least one of (i) the pharmacy has received the prescription, (ii) the pharmacy has filled the prescription, and (iii) the pharmacy has mailed the prescription to the patient.

4. The system of claim 1, wherein to determine the insured cost, the processor is further configured to:  
 receive the insured cost from the pharmacy computing device, wherein the pharmacy computing device determines the insured cost by processing a test claim for the prescription using a pharmacy management system and without actually fulfilling the prescription.

5. The system of claim 1, wherein the system facilitates refilling of the prescription, and wherein the processor is further configured to:  
 receive a request message for a prescription refill;  
 determine whether at least one of the insured cost and the non-insured cost has changed since the initial prescription; and  
 transmit a message to the patient computing device if at least one of the insured cost and the non-insured cost has changed, wherein the message includes an updated refill cost and an authorization prompt that prompts the patient to authorize the refill of the prescription.

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6. The system of claim 1, wherein the processor is further configured to:  
 transmit a message to the patient computing device, wherein the message includes at least one of a link to download an application on the patient computing device and an invitation code; and  
 after the application is downloaded, transmit the messages to the application on the patient computing device of the patient.

7. The system of claim 1, wherein the prescription is a prescription for the drug levothyroxine.

8. The system of claim 1, wherein to determine the predicted patient behavior data, the processor is configured to determine the predicted based behavior data by comparing i) the historical data with ii) demographic data for that patient that is included in the patient data.

9. A computer-implemented method for fulfilling a prescription for a patient covered by an insurance provider, the method comprising:  
 receiving, at a prescription fulfillment system, from a healthcare provider (HCP) computing device, a prescription request including patient data relating to the patient, wherein the prescription fulfillment system is communicatively coupled between the HCP computing device, a pharmacy computing device associated with a pharmacy, a patient computing device, and a plurality of insurance provider databases;  
 determining, in response to receiving the prescription request from the HCP computing device, the insurance provider of the patient based on the received patient data included in the prescription request;  
 determining, in response to receiving the prescription request from the HCP computing device, by communicating with the plurality of insurance provider databases, an insured cost for the prescription for the patient, wherein the insured cost is a cost the patient will pay for the prescription when a claim is filed with the determined insurance provider;  
 determining, in response to receiving the prescription request from the HCP computing device, a non-insured cost for the prescription for the patient, wherein the non-insured cost is a cost the patient will pay for the prescription without the claim being filed;  
 perform a comparison of the insured cost to the non-insured cost to determine which cost is lower;  
 determining, based on historical data for a plurality of other patients, predicted patient behavior data, wherein the predicted patient behavior data indicates whether the patient is likely to select the insured cost or the non-insured cost;  
 generating, based on a combination of i) the comparison of the insured cost to the non-insured cost and ii) the predicted patient behavior data, a recommendation for the patient, wherein the recommendation recommends the patient select the insured cost or the non-insured cost;  
 transmitting, to the patient computing device, a message to the patient including the recommendation;  
 receiving a user selection of the insured cost or the non-insured cost for the prescription;  
 when the user selection is for the insured cost:  
 transmitting, to the patient computing device, a message to the patient including (i) a first payment transaction request prompting the patient to enter payment details for the insured cost, and (ii) an authorization prompt for the patient to authorize the filing of the insurance claim and a first payment transaction for the insured cost; and

processing the insurance claim and the first payment transaction for the insured cost upon authorization by the patient;

when the user selection is for the non-insured cost: transmitting, to the patient computing device, a second payment transaction request prompting the patient to enter payment details for the non-insured cost and authorize a second payment transaction for the non-insured cost; and

processing the second payment transaction for the non-insured cost upon authorization by the patient; and transmitting the prescription to the pharmacy computing device for further processing.

**10.** The computer-implemented method of claim **9**, wherein determining the insured cost comprises: aggregating, using a data aggregator, insurance data from the plurality of insurance provider databases; and comparing the patient data against the aggregated insurance data to determine the insured cost; and wherein determining the non-insured cost comprises retrieving, from a database, the non-insured cost, the non-insured cost taking into account at least one of a coupon, a rebate, and a discount.

**11.** The computer-implemented method of claim **10**, wherein the method further comprises: transmitting a message to the patient computing device including a verification request for the patient to verify the determined insurance provider; and transmitting a message to the patient computing device notifying the patient of at least one of (i) the pharmacy has received the prescription, (ii) the pharmacy has filled the prescription, and (iii) the pharmacy has mailed the prescription to the patient.

**12.** The computer-implemented method of claim **9**, wherein the method further comprises: receiving the insured cost from the pharmacy computing device, wherein the pharmacy computing device determines the insured cost by processing a test claim for the prescription using a pharmacy management system and without actually fulfilling the prescription.

**13.** The computer-implemented method of claim **9**, wherein the method further comprises: receiving a request message for a prescription refill from the HCP computing device; determining that the non-insured cost has changed since the initial prescription; and transmitting a message to the patient computing device indicating that the non-insured cost has changed, wherein the message includes an updated refill cost and an authorization prompt that prompts the patient to authorize the refill of the prescription.

**14.** The computer-implemented method of claim **9**, wherein the method further comprises: transmitting a message to the patient computing device, wherein the message includes at least one of a link to download an application and an invitation code; and after the application is downloaded, transmitting the messages to the application on the patient computing device of the patient.

**15.** At least one non-transitory computer-readable media having computer-executable instructions thereon, wherein when executed by at least one processor of a prescription fulfillment system, cause the at least one processor to: receive, from a healthcare provider (HCP) computing device, a prescription request including patient data relating to a patient, the processor communicatively coupled between the HCP computing device, a phar-

macy computing device associated with a pharmacy, a patient computing device, and a plurality of insurance provider databases;

determine, in response to receiving the prescription request from the HCP computing device, an insurance provider of the patient based on the received patient data included in the prescription request;

determine, in response to receiving the prescription request from the HCP computing device, by communicating with the plurality of insurance provider databases, an insured cost for a prescription for the patient, wherein the insured cost is a cost the patient will pay for the prescription when a claim is filed with the determined insurance provider;

determine, in response to receiving the prescription request from the HCP computing device, a non-insured cost for the prescription for the patient, wherein the non-insured cost is a cost the patient will pay for the prescription without the claim being filed;

perform a comparison of the insured cost to the non-insured cost to determine which cost is lower;

determine, based on historical data for a plurality of other patients, predicted patient behavior data, wherein the predicted patient behavior data indicates whether the patient is likely to select the insured cost or the non-insured cost;

generate, based on a combination of i) the comparison of the insured cost to the non-insured cost and ii) the predicted patient behavior data, a recommendation for the patient, wherein the recommendation recommends the patient select the insured cost or the non-insured cost;

cause the recommendation to be displayed to the patient; if the patient selects, based on the recommendation, the insured cost:

transmit, to the patient computing device, a message to the patient including (i) a first payment transaction request prompting the patient to enter payment details for the insured cost, and (ii) an authorization prompt for the patient to authorize the filing of the insurance claim and a first payment transaction for the insured cost; and process the insurance claim and the first payment transaction for the insured cost upon authorization by the patient;

if the patient selects, based on the recommendation, the non-insured cost:

transmit, to the patient computing device, a second payment transaction request prompting the patient to enter payment details for the non-insured cost and authorize a second payment transaction for the non-insured cost; and

process the second payment transaction for the non-insured cost upon authorization by the patient; and transmit the prescription to the pharmacy computing device for further processing.

**16.** The computer-readable media of claim **15** further causing the at least one processor to, in transmitting the prescription, transmit the prescription to the pharmacy computing device to cause the pharmacy to fill the prescription and mail the filled prescription to the patient.

**17.** The computer-readable media of claim **16** further causing the at least one processor to: transmit a message to the patient computing device including a verification request for the patient to verify the determined insurance provider; and transmit a message to the patient computing device notifying the patient of at least one of (i) the pharmacy has

received the prescription, (ii) the pharmacy has filled the prescription, and (iii) the pharmacy has mailed the prescription to the patient.

**18.** The computer-readable media of claim **15** further causing the at least one processor to: 5

receive the insured cost from the pharmacy computing device, wherein the pharmacy computing device determines the insured cost by processing a test claim for the prescription using a pharmacy management system and without actually fulfilling the prescription. 10

**19.** The computer-readable media of claim **15** further causing the at least one processor to:

receive a request message for a prescription refill from the HCP computing device;

determine whether at least one of the insured cost and the non-insured cost has changed since the initial prescription; and 15

transmit a message to the patient computing device if at least one of the insured cost and the non-insured cost has changed, wherein the message includes an updated 20  
refill cost and an authorization prompt that prompts the patient to authorize the refill of the prescription.

**20.** The computer-readable media of claim **15** further causing the at least one processor to:

transmit a message to the patient computing device of the 25  
patient, wherein the message includes at least one of a link to download an application on the patient computing device and an invitation code; and

after the application is downloaded, transmit the messages to the application on the patient computing device of 30  
the patient.

\* \* \* \* \*